G. R. S. 58
Previous references.

~~San. 244.~~

1907

(San.)

File No. 244-07

Serial Nos. 7-12

Later references.

San. 244-07
Sd 13
File

Lan. 161-09

P=13
E

GENERAL AND REVENUE SECRETARIAT.

Serial Nos. 7-12

Part B. for Decr. 9.

SUBJECT.

ange of reports of Epidemic diseases among
nd horses, between the Officers of the state and the
Presidency.

From the 1st Asst. to the Resdt. no. 3310 of 2.6.9.

States that the Madras Govt. accept the Durbar's proposal regarding the interchange of reports, and enquires to what offrs. in the state the reports are to be communicated by the British offrs.

To the Sanr. Comr. no. 12553 of 14.6.9.

Enquires to what offrs. the reports by the Madras Govt may be furnished.

GPB 8,000—7-4-07

From the 1st Asst. Resdt. no. 7012 of 28.10.9

Requests early reply to serial 1.

Reminder to Sanr. Comr., no. 3933 of 5.11.9.

From the Sanr. Comr., no. 2269 of 7.12.9.

G.R.S. 11] 1909

GENERAL AND REVENUE SECRETARIAT

(Sanitary)

NOTES.

File. No. 244-07

FILE HEADING.

Interchange of reports of Epidemic diseases among Cattle & horses, between the Officers of the State and the Madras Presidency

From

The First Assistant to the Hon'ble the Resident in Mysore

No. 3310 Dated 2-6-09 Received 5-6-09

Diary No. 8720 | Enclos. — Spare Copies. .. | Serial No. 7

BRIEF ABSTRACT OF LETTER.

With reference to no 525 Dy 9-1-09 States that the Madras Govt accept the Durbar's proposal in re the interchange of reports of epidemic diseases among cattle & horses & enquires to what officers in the State the reports are to be communicated by the British officers.

NOTES AND ORDERS.

It is stated, that with a view to save delay, the Madras Govt, has instructed the Revenue officers (Tahsildars & above) of the frontier Districts to furnish the reports to the Durbar officers, directly and

NOTES—First sheet.

GPB—30,000 - 20-3-09.

Serial No.

The Residency wants to know the Durbar officers to whom the intimation from the bordering Madras Dists, ~~are~~ is to be furnished.

Submitted with a draft

Issue

NRR Sg 8.6.09. 11.6.09. [signature]

8 To the Sany Comr. No. 12553 Dy 14.6.09. Communicates the above action of the Madras Govt & enquires to which State officers such intimations may be furnished by the Madras Govt officers etc.

9. From the 1st Asst. Resident No. 7012 Dy 28.10.09. Requests early reply to Sl. No 7.

An urgent reminder to the Sany Comr. calling for the information referred to in Vl No. 8, is Subd for Signature.

Signed

NRR Sg 4-11-09. 5.11.09. [signature]

Reminder No 3933 Dated 5.11.09 is issued to the Sanitary Comr.

10 From the Sanitary Com. No. 2269 Dy 7-12.09. States that the duty of reporting and of receiving the reports to and from the Madras Govt. may

NOTE—Contn. sheet.

GPB—50,000—13-5 08

IVS. 5D 2/6/09 IV XS 5D 5/6

Pol 1865

4.6-09

No. 3310.

D8720

FROM

T. B. COPELAND, ESQ., I. C. S.,
FIRST ASSISTANT TO THE RESIDENT IN MYSORE.

244-07-sl 7.

Sany

To

The Dewan of Mysore.

Dated Bangalore, 2nd June 1909.

SIR,

With reference to the correspondence ending with Mr. Chandrasekhara Iyer's letter No. 525 Pol., dated the 9th January 1909, I am directed to say that the Government of Madras accept with pleasure the proposal that reports regarding epizootic diseases should be interchanged between the officers of the frontier districts of the Mysore State and of the Madras Presidency. In order to save delay, the Revenue Officers of the frontier districts of that Presidency not below the rank of Tahasildar have been instructed to furnish the reports direct to the officers designated by the Mysore Government for the -- purpose. I am to request that the Resident may be informed to what officers in Mysore the Durbar wish the reports to be communicated.

I have the honour to be,

Sir,

Your most obedient servant,

T. Copeland

First Assistant Resident.

K.M.
2.6.09.

2

G.R.S. 26]

fws
118

244
File No. 07
Serial No. 81

Diary No. of letter replied to 8720

No 12553
Sanity 244-07
9/14.6.09

General and Revenue Secretariat
(Sanitary)
, *the* 190

To The Sanitary Commr in Mysore.

Date of issue 14-6-09

Signed by JWM

Sir,

Adverting to correspondence ending with your letter No. 2412 D/16th December 1908, on the matter of interchange of reports regarding epidemic diseases among cattle and horses between the State officers and those of the frontier districts of British India, I am directed to state that the Madras Govt is agreeable to the proposal and that instructions have been issued by

over.

SUBJECT.

by that Government to the Revenue officers of the frontier districts of the Madras Presidency, not below the rank of Tahsildars, to furnish the reports, direct to the such state officers as may be designated by the Mysore Govt for the purpose and to request you to be so good as to intimate, for the information of the ~~[illegible]~~ Madras Government, the officers in Mysore to whom the intimation of such diseases may be furnished by the aforesaid officers.

2. I am also to request you to be good enough to report to Govt, in consultation with the Revenue Commissioner, if necessary the arrangements which will

List of enclosures

Copied by

Examined by

GPB—10,000—20-4-06.

4

G.R.S. 27]

GENERAL AND REVENUE SECRETARIAT.

(*Continuation Sheet draft form.*)

will have to be made for the due intimation of the reports of epizootic diseases in the Mysore State, to the British officers of the frontier Districts

3. A very early reply is requested

I have etc

[signature]

Secretary

27/6/06

[signature] 14/6

Comp'd [signature] 12/6

MGCPB—30,000—5-4-05.

PR 699
28-10-09

IV
3093
Rev.

D 2912
5

No. 7012

7. 24407
Sl. 9

FROM

T. B. COPELAND, ESQ., I. C. S.,
FIRST ASSISTANT TO THE RESIDENT IN MYSORE.

To

The Dewan of Mysore.

Dated Bangalore, 28th October 1909

SIR,

I am directed to invite a reference to this --- office letter No. 3310 dated 2nd June 1909, regarding the interchange of reports of epizootic diseases between the officers of the frontier districts of the Mysore State and of the Madras Presidency and to request the favour of an early reply.

28/10/09

I have the honour to be,
Sir,
Your most obedient servant,

H. S. Tirumalai Ayyaga
for First Assistant Resident.

K.M.

6

2269

Sanitary Commissioner's office,
angalore, dated 7-12-[illegible]

San 244-07 8 note

From.

t.Col.John Smyth, .D., I. .C.,
Sanitary Commissioner to ysore Govt.,
Bangalore.

D. 3929

.Chandrasekhara Iyer Esq, .A., [illegible],
Secretary to the Govt. of [illegible] the
Maharaja of ysore Gen Rev Deptts
Bangalore.

In reply to your letter o. 12553 Sn244-07-8 dated the 14th June [illegible] informing me that the adras Govt. has issued instruction to the Revenue officers of the Frontier Districts of the adras Presidency not below the rank f Thasildars to furnish reports of epizootics to the State Officers in ysore and enquiring to whom such reports should be sent I have the honor to state that the duty of reporting and of receiving the reports may be entrusted to the Amildar who correspond in status to the Thasildars of the adras residency.

2. On receipt of the intimation from tkex a neighbouring British District the Amildar should communicate it at once to the Inspector of cattle diseases in ysore and to the Dist. Veterinary Asst. for necessary action, a copy being at the same time sent to the Dist. edl & Sany. Officer.

3. The above proposals are made after consulting Rev. Commissioner in Mysore.

I have the honor to be,
ir,

Your most obedient servant,

t.Col.I
Sanitary Commissioner

W 49/12 IVD.D. 023/12

Department of Public Health in Mysore.

190

From

LT.-COL. JOHN SMYTH, M.D., I.M.S.,
Sany. Commissioner with the
Govt. of H. H. the Maharaja
of Mysore, Bangalore.

To C.S. Balasundram Iyer Esqr.
Offg Secy to Govt. Gen & Rev. Depts.
Bangalore

Dated } 7-12-09
Despatched

Received

General No. 2269
No.

Enclosure No. nil

Re-exchange of reports on the outbreak of epidemic diseases among cattle, & horses between the state officers and those of frontier districts of British India.

GPB—2,00,000—12 4 09

1812/07

G.R.S. 26]

3 1/2

2 drafts

Ab

File No. 244/07

Serial No. 11

Diary No. of letter replied to 3929

Pol No. 499

General and Revenue Secretariat

(Sanly)

the 190

Date of issue 20-12-09

Signed by

Mr. M N Krishna Rao

qnd subsequent reminder No 7012 of 28/10/09

To

The First Asst to the Hon'ble the Resident in Mysore

Sir,

Adverting to the correspondence ending with your letter No 3310 dated the 2nd June 1909, intimating that the Madras Govt is agreeable to the interchange of reports regarding epizootic diseases between the officers of the frontier Districts of the Madras Presidency and of the Mysore State, and requesting to be informed to what-

over.

SUBJECT

Compiled

20/12

8

what officers in Mysore the Durbar wish the reports to be communicated I am directed to state that the reports may be caused to be communicated to the Amildars of the adjoining ~~Mysore~~ Taluks in the State. ~~who have been directed to communicate similar intimation~~ to the Tahsildars of the adjoining ~~Madras~~ Taluks in the Madras Presidency I have etc

I am to add that the latter will similarly furnish reports of epizootic cases occurring within their Taluks

[signature]
For Secy
SJ 11/12/09

[signature]
17/12/09
List of enclosures,

Copied by

Examined by

GPE—20,000—23-5-08

18/12/09

2 drafts

ab 29

G.R.S. 28]

File No. 244/07

Serial No. 12

Diary No. of letter replied to 3929

Proceedings of the Government of His Highness the Maharaja of Mysore.

GENERAL AND REVENUE SECRETARIAT.

(Sany

, the 190

Date of issue 21.12.09

Signed by M.K.M.

READ—Correspondence ending with letter No. 2269 dated the 1th Decr. 09. from the Sany Comr. in Mysore, re. the interchange of the reports of epizootic diseases between the frontier officers of the Madras Presidency and of the Mysore State.

Here enter the letter in extenso

ORDER THEREON.—No.

Order over

SUBJECT

Complete a 17/12 20/12

GPB—6,000—13-5-08

Order thereon No 5371-81 D 21.12.09
Sanity 244-07
Approved and Communicated
to the Deputy Commissioners
of Districts for the issue
of the necessary instructions
to the Amildars of the
taluks adjoining the
Madras Presidency
The Amildars concerned
should ~~also~~ give ~~to the~~ prompt
intimation of the appearance
of ~~the~~ epizootics in their
taluks to the Tahsildars
of the adjoining ~~Madras~~
taluks in the Madras Presidency

[signature]
for Secy
of 11/12/09

The Sanity Comr. on Mysore
The Rev Comr. in Mysore
The Dy. Comrs of Dists
The Senior Surgeon

[signature]
17/12/09
11 copies req'd

Later Reference
Sanction ~~[illegible]~~

Original

1906-07.

P-18
E

FILE No. 93 OF 1906-07.

GOVERNMENT OF HIS HIGHNESS THE MAHARAJA OF MYSORE.

PROCEEDINGS OF THE GENERAL AND REVENUE SECRETARIAT.

(SANITARY.)

AUGUST 1907.

Collection: Serial Nos. 1, 3, 5, 6, 7, 8, 9 & 10.

The Health Scheme.

TABLE OF CONTENTS.

Serial No. of File	Number and date of letter and contents	Reference	Page in A. Progs.
	From the Senior Surgeon and Sanitary Commissioner, No. G. 239, dated 28th September 1906. Recommends that Sanitary Inspectors may be appointed only to the District headquarters, etc., and that the scheme now proposed may be introduced into Mysore District in the first instance.	Financial 677/1904-05, VC 1-3 A. Admin. 1906-07	1
3	To the Senior Surgeon and Sanitary Commissioner, No. 3666, dated 7th November 1906. Calls for further information.		3
5	From the Senior Surgeon and Sanitary Commissioner, No. 463, dated 23rd November 1906. Furnishes the information called for.		3
6	From the Senior Surgeon and Sanitary Commissioner, No. 673, dated 2nd February 1907. Submits proposals for the formation of a Health Department in the State.		4
7	From the Senior Surgeon and Sanitary Commissioner, No. 829, dated 26th March 1907. Submits a revised and detailed Health Scheme.		10
8	To the Senior Surgeon and Sanitary Commissioner, Comptroller, Chief Engineer, Revenue Commissioner, Deputy Commissioners of Districts and the Presidents of Municipal and District Boards, Presidents, City Municipalities, Bangalore and Mysore, and the President, Sanitary Board, Kolar Gold Fields, No. 1378-92, dated 10th August 1907. Sanctions the scheme for the constitution of a Public Health Department in the State.		11
9	To the Sanitary Commissioner, No. 6113, dated 26th December 1907. Communicates certain remarks made by the Financial Secretary upon the scheme and requests the favor of his views as to why the scheme should not be reconsidered.		17
10	From the Sanitary Commissioner, No. 3203, dated 28th February 1908. Submits his views with reference to Serial 9.		17

1906-07

GENERAL AND REVENUE SECRETARIAT.

(SANITARY.)

NOTES.

FILE HEADING

FILE No. 93 OF 1906-07.

The Health Scheme.

From the Senior Surgeon and Sanitary Commissioner, No. G. 239, dated 28th September 1906.

Serial No. 1.

Recommends that Sanitary Inspectors may be appointed only to the district headquarters and two or three other large towns and states that the scheme now proposed may be introduced into Mysore District in the first instance.

1. The Senior Surgeon states that the health scheme sanctioned in Government Proceedings No. 9301-19—Ml. 67-03, dated the 8th April 1905, cannot be carried out in its entirety on the ground that the services of the officials required cannot at once be procured and suggests that the scheme should begin district by district. He recommends that the scheme now proposed may be given effect to in the Mysore District in the first instance. The proposals are, (1) that the Deputy Inspector of Vaccination may be sent to Madras for being trained as Sanitary Inspector if he is qualified for such a course, (2) appointment of Sanitary Inspectors in addition to the existing overseers and to retain the services of the overseers till they are provided for, (3) appointment of a Sanitary Officer of the rank of Sub-Assistant Surgeon, with an allowance of Rs. 50 per mensem and of an Assistant Surgeon with an allowance of Rs. 150 plus an additional allowance of Rs. 50, if he possesses a Diploma in Public Health, to assist the District Medical and Sanitary Officer.

2. The Senior Surgeon also recommends an allowance of Rs. 250 per mensem, to the Personal Assistant to the Sanitary Commissioner, in lieu of Rs. 100 sanctioned in Government Proceedings No. 1832-3—San. 65-05, dated 21st August 1905.

3. The Senior Surgeon considers that in case Sanitary Officers, as proposed in the above are appointed, a Sanitary Officer, with a Deputy Inspector of Vaccination may be able to attend to the Sanitation work of two districts, as the districts are said to be comparatively small.

4. As regards the appointment of Sanitary Inspectors in addition to the existing overseers, orders have been passed in Government Proceedings No. 3030-39—San. 68-06, dated 23rd October 1906, that the matter should be circulated to Deputy Commissioners of districts for their opinion.

5. The appointment of a separate Sanitary Officer of the rank of Sub-Assistant Surgeon for each district has been ordered to stand over for the present.

6. In para 13, the Senior Surgeon proposes that all sanitary projects should first be placed before the District Sanitary Boards consisting of the marginally noted members to be formed at each district headquarters in addition to the District Board of each district. The formation of a Central Sanitary Board is also suggested. This suggestion is simply the reiteration of the Senior Surgeon's original proposal contained in paras 13, 14 and 18 of his letter No. G. 106, dated 28th August 1903, in lieu of which Government in para 3, clause 10 of their Proceedings No. 9301-19—Ml. 67-03, dated the 8th April 1905 directed that estimates for all sanitary works, urbon or rural, costing Rs. 500 and below should be scrutinized by the Executive Engineer and the District Medical and Sanitary Officer and those costing above Rs. 500, by the Chief Engineer and the Senior Surgeon and Sanitary Commissioner.

1. The Deputy Commissioners of districts.
2. District Medical and Sanitary Officers.
3. Executive Engineer of the district.
4. Two members from the District or Municipal Board.

7. It is not clear from the statement received from the Senior Surgeon (received with the letter under disposal) how the lump sum provision of Rs. 16,620 being the pay proposed for the Sanitary Inspectors was arrived at and the Senior Surgeon has not also stated how far the scheme already sanctioned in Government Proceedings No. 9301-19—Ml. 67-03, d the 8th April 1905, has been given effect to.

M. A.
S. M. J.
8-10-06.

8. This is purely a question of funds. All the Municipalities in the Mysore District and the District Board may not be in a position to employ at once qualified Sanitary Inspectors in addition to the existing establishment and the present state of finances cannot admit of the creation of a new post such as that of a Sanitary Officer of the district with allowances ranging from Rs. 50 to Rs. 250.

9. The appointment of Assistant to the Sanitary Commissioner having been newly created merely for the sake of providing for the Health Officer of the Bangalore City, it is not likely that he has much to do in the Head Office. His occasional touring and submission of exhaustive notes of inspection are not also likely to be attended with any beneficial results unless he is held responsible for seing that all the defects are remedied at least in places in which Sanitary Inspectors have already been appointed. For this purpose, it seems necessary that the Sanitary Inspectors and Deputy Inspectors of Vaccination, should as a temporary measure, be placed under the immediate orders of the Assistant Sanitary Commissioner who should correspond direct with the Amildar or other officer nominated by the Deputy Commissioner as regards the defects noticed by him and see that they are corrected on the spot, cases in which the Assistant Sanitary Commissioner and the Amildar do not agree being at once referred by the former for the orders of the Deputy Commissioner whose decision should be final. If, however, the Assistant Sanitary Commissioner cannot supervise the work of all the municipalities and taluks in which Sanitary Inspectors have been appointed, the experiment may be tried in one or two districts and the results awaited.

H. RAMAIYA.
25-10-06.

10. The Sanitary Commissioner's suggestion that a beginning in the way of organising a regular sanitary staff may be made in the case of a selected district or two seems worthy of favourable consideration. The Mysore District may be taken up first and provided with a qualified officer of the rank of Sub-Assistant or Assistant Surgeon as District Sanitary Officer, with a complement of Sanitary Inspectors one for each taluk. If this were done, possibly the services of a separate Plague or Health Officer for the Mysore City may not be necessary and the Deputy Inspector of Vaccination may also be dispensed with (*viz.*, by transfer to another district) thereby effecting some saving.

11. Colonel Smyth complicates his proposal by recommendations in regard to allowances, etc., to his Personal Assistant and others—a matter which might be reserved for separate consideration.

12. The main point is that a full-blown sanitary scheme for the whole State is a work of time and will cost a great deal of money; and it may be introduced by parts. The question of a Central Sanitary Board may also be reserved for the future, when two or three districts may have been taken up; but there seems no objection to a District Sanitary Board being now constituted for the Mysore District, to advise Local and Municipal Boards in matters of sanitation and to pass all schemes of sanitary improvement up to a certain limit of cost (say Rs. 500) those above this limit being sent to the Chief Engineer and the Sanitary Commissioner as at present.

K. S. CHANDRASEKHARA AIYAR.
30-10-06.

13. Please let me know where Sanitary and Assistant Inspectors under the new scheme are now employed. Has the Mysore District got a full staff of qualified Sanitary Inspectors?

K. P. P.
30-10-06.

Branch IV note the information.

K. S. CHANDRASEKHARA AIYAR.
30-10-08.

14. Draft calling for information from the Senior Surgeon submitted.

S. M. J.

15. Issue draft.

H. RAMAIYA.
1-11-06.

To The Senior Surgeon and Sanitary Commissioner, No. 3666, dated 7th November 1906.

16. Requests him to submit a list of taluks and towns in which Sanitary and Assistant Sanitary Inspectors under the Health Scheme are now employed and to state whether the Mysore District has got a full staff of qualified Sanitary Inspectors. **Serial No. 3.**

From the Senior Surgeon and Sanitary Commissioner, No. 463, dated 23rd November 1906.

17. Forwards the list called for in the above and states that a full staff of Sanitary Inspectors for the Mysore District could not be entertained for want of fully qualified men. **Serial No. 5.**

18. From the list received it is observed that 19 Sanitary and 3 Assistant Sanitary Inspectors are employed in all but the Mysore and Bangalore Districts.

19. Out of the 20 stipendiary students sent up last year for being trained as Sanitary Inspectors, 13 passed in all the subjects and have been appointed. Of the remaining 7 students, 3 have passed in sanitation and one of them has been appointed as Assistant Sanitary Inspector.

In the letter under disposal, the Senior Surgeon states, that a full staff of Sanitary Inspectors for the Mysore District could not be entertained for want of fully qualified men. But from the list received with Senior Surgeon's letter No. G. 474, dated the 24th November 1906, it is observed that 45 men applied for Sanitary Inspectors appointment. The Senior Surgeon states that 7 of them have been entertained as Sanitary Inspectors on condition that they will undergo training in minor Sanitary Engineering at Mysore by turns and adds that a list of the remaining men will be forwarded to the Presidents, but that it is not known whether they will accept appointments when offered, as they have applied long ago.

M. A.
S. M. J.
28-11-06.

20. Submitted with reference to the 2nd Councillor's order, dated 30th October 1906.

H. RAMAIYA.

3-12-06.

21. The proposals made by Col. Smyth for the organizing of a regular sanitary staff for the Mysore District, as a first step towards the formation of a Sanitary Department for the whole State, is deserving of favourable consideration. Mysore District is always liable to visitations of plague, cholera and small pox. It is the most densely populated of all the districts and it is appropriate that a beginning should be made with this district. It will be a matter of some difficulty to find the Sanitary Inspectors required for each Municipality and Taluk Board.

22. As regards a District Sanitary Officer, I cannot think that a better selection can be made than Mr. Palpu. He can organize the department and work it for a year or two and when more districts are brought under the operation of the new scheme, he may be appointed Deputy Sanitary Commissioner for the whole State. In the meantime he will have acquired valuable experience in working the Mysore District. His appointment as Personal Assistant to the Sanitary Commissioner is a sinecure for the present and may, with advantage, be abolished.

23. The Deputy Commissioner should not be entirely dissociated from this scheme. The District Sanitary Officer should be placed under his orders. A District Sanitary Board may be constituted as recommended by Colonel Smyth. If the Dewan approves of the main lines of these recommendations, I shall work out the detail, in communication with the Senior Surgeon and Sanitary Commissioner and Deputy Commisssioner, Mysore, and submit a formal proposal for approval.

K. P. PUTTANNA CHETTY,

2nd Councillor.

4-12-06.

24. Dewan.

K. S. CHANDRASEKHARA AIYAR.

4-12-06

25. Subsequently the following scheme for the formation of a Health Department was submitted by the Senior Surgeon and Sanitary Commissioner.

26. From the Senior Surgeon and Sanitary Commissioner, No. G. 673, dated 2nd February 1907. **Serial No. 6.**

27. Submits proposals for the formation of a Health Department in the Mysore State. In the above letter the Senior Surgeon proposes the following:—

(i) The Sanitary Commissioner should be Secretary to Government in the Sanitation Department.

(ii) The formation of Central and District Sanitary Boards (particulars of which are given in the statement appended).

(iii) Appointment of Deputy Sanitary Commissioner on a Salary of Rs. (500-50-800) +300, who will also be Personal Assistant to the Sanitary Commissioner for the present.

(iv) To relieve the District Medical and Sanitary Officers gradually of the actual sanitary portion of their work by the appointment of,

(*a*) Separate District Sanitary Officers and,

(*b*) 3 Divisional Sanitary Officers, when qualified men become available. He suggests that the present arrangement may continue till the proposed officers are appointed and that the existing District Medical Officers be given an allowance of Rs. 50 each for doing sanitary work.

(v) The appointment of a Laboratory Assistant on Rs. 80 to 120+20, per month.

28. He further proposes that the Deputy Inspectors of Vaccination be given training as Sanitary Inspectors and appointed temporarily as District Sanitary Assistants and Deputy Inspectors of Vaccination and placed under the District Medical and Sanitary Officers for the time being and subsequently under the Divisional Sanitary Officers.

29. The Senior Surgeon suggests that in addition to the Divisional and District Sanitary Officers, as proposed, each of the Municipalities of Bangalore and Mysore and the Sanitary Board, Kolar Gold Fields, should entertain its own Health Officers.

30. According to the existing rules the Sanitary Inspectors must possess a good knowledge of Kannada. The Senior Surgeon suggests that the rule may be relaxed to the extent that certified Sanitary Inspectors be appointed, they being required to pass an examination in Kannada in six months or a year.

31. The present Senior Surgeon is of opinion that the proposed revision be given effect to *all over the State*, but not tried in only one district.

32. The minimum cost of the proposed establishment is Rs. 60,960 per annum, as detailed below:—

(1) Pay and allowance of Deputy Sanitary Commissioner (500+300) Rs. 800.

(2) *Office establishment*—

	Rs.
Clerical	330
Menial	69
(3) Laboratory Department	116
Executive—	
(4) Divisional Officers and their establishment	1,233
(5) District Sanitary Officers establishment	1,432
(6) Vaccine Department	1,100
Total cost per month ...	5,080
Total per annum ...	60,960

rising to Rs. 81,480, per annum.

The pay and allowance of Sanitary Inspectors met out of Municipal, District and Plague Funds is not included in the above cost.

33. The Senior Surgeon states that the net excess per annum is Rs. 35,772 taking into account the following:—

	Rs.
1. Pay and allowance of the Personal Assistant to the Sanitary Commissioner Rs. (300+100+30)	430
2. Pay of 2 peons on Rs. 7 each	14
3. Plague establishment in the Senior Surgeon's Office (temporary) ...	130
4. Vaccination Department	1,525
Total per month ...	2,099
Total per annum ...	25,188

34. Orders have been issued in Government Proceedings No. 6828-9—Med. 51-05, dated the 4th February 1907, for the abolition of the Plague Branch of the Senior Surgeon's Office and that an establishment of 2 clerks on Rs. 25 each and an assistant clerk on Rs. 20 (temporary) per month for sanitation work in the Office of the Senior Surgeon and Sanitary Commissioner has been sanctioned.

35. Attention is invited to the Secretary's note (paras 10-12) in which it is suggested that the scheme may be tried in the Mysore District, as its introduction to the whole province is a work of time and will cost a great deal of money.

36. The propriety of appointing the Sanitary Commissioner as *Ex-officio* Secretary to Government in the Sanitary Department seems doubtful.

---

* (The above is in addition to the clerical establishment sanctioned on the special committee's report for the Office of the Senior Surgeon and Sanitary Commissioner, the monthly charge therefor being Rs. 507, minimum, and Rs. 557, maximum)

* [*Note.*—Under recent orders, this should be done away with when the revision is given effect to.]

Submitted for orders.

H. RAMAIYA.

9-3-07.

37. The Sanitary Commissioner is adviser to Government in sanitary matters and this is sufficient, without burdening him with the duties of a Secretary to Government. The desirability of reducing the number of Secretariats, *e. g.* Muzrai, Geological, is, I believe, recognized by Government.

K. S. CHANDRASEKHARA AIYAR.

13-3-07.

38. My remarks are already in the file.

39. Apart from the details, I am in favour of the formation of a Public Health Department for the State. We may begin in a modest way and extend operations as we go on. The entertainment of large and costly establishment does not necessarily connote improvement of Sanitation. We have to carry the people with us.

40. The Deputy Sanitary Commissioner should be a man of great tact, able to get on with the Local Officers.

41. The proposal to make the Sanitary Commissioner, Secretary to Government, does not commend itself to me. It is better that this officer should not fritter his energies in Secretariat work.

42. The allowances, etc., are provided on too liberal a scale.

K. P. PUTTANNA CHETTY

2nd Councillor.

16-3-07.

43. Submitted to the 1st Councillor.

K. S. CHANDRASEKHARA AIYAR.

16-3-07.

44. The subject was talked over the other day with Colonel Drake Brockman (*vide* Dewan's pencil notes on the Senior Surgeon's letter) and I think that Colonel Drake Brockman promised to revise some of his figures and write again.

T. A. R.

21-3-07.

45. Yes. Await further reference from the Sanitary Commissioner.

K. S. CHANDRASEKHARA AIYAR.

21-3-07.

Serial No. 7.

46. Letter No. G. 829, dated the 26th March 1907, from the Senior Surgeon and Sanitary Commissioner.

Submits a revised and detailed Health Scheme.

47. The revised scheme now sent up contains nothing more than a proposal to reduce the pay of the Deputy Sanitary Commissioner by Rs. 50, *i. e.*, from Rs. 500—50—800 to 500—50—750, increments to be given biennially, so also to Divisional Sanitary Officers. No revision has been proposed in the establishment and other charges. The Senior Surgeon appears to be agreeable to start the Health Scheme with the Shimoga District. He states he is unable to suggest any retrenchments in the Medical Department or transfer of funds to meet this extra expenditure, but he holds out a hope that there will be savings in the plague expenditure, which, it is submitted, is of a fluctuating character.

48. If, as an experimental measure, the scheme should be begun in a modest way, by starting it in the Shimoga District, the point for adopting such an elaborate proposal as the one proposed by the Senior Surgeon may perhaps call for further consideration.

K. S.

S. M. J.
30-3-07.

H. RAMAIYA.

30-3-07

49. The notes which I have taken of the conference on 16th March 1907 are to the following effect :—

(1) No separate Sanitary Commissioner or *Ex-officio* Sanitary Secretary to Government necessary.

(2) Deputy Sanitary Commissioner to be appointed on Rs. 500—50—750. No allowances except travelling allowance. He is to be in charge of Vaccine Institute also.

(3) Three Divisional Sanitay Officers on Rs. 250—$\frac{50}{2}$—400 (no allowances). The officers to be put on to the most unhealthy districts, Shimoga to begin with.

(4) Eight District Sanitary Officers, to be under the Divisional Sanitary Officers. Pay Rs. 100—$\frac{25}{2}$—200 (no allowances).

(5) Three Health Officers for Bangalore, Mysore and Kolar Gold Fields. Same pay as Divisional Officers, *viz.*, Rs. 250—$\frac{50}{2}$—400.

(6) Sanitary Inspectors to remain as they are.

(7) Number of vaccinators to be reduced (?)

(8) Proposals *re* Central Sanitary Board and District Sanitary Board, approved.

50. The scheme as set forth above is one which has been virtually accepted by Government. The Comptroller is requested to examine the financial aspects thereof and to submit his remarks for the consideration of Government.

K. S. CHANDRASEKHARA AIYAR,
Secretary to Government.
8-4-07.

Note No. 234, dated 13—15th April 1907.

51. 1. The total cost of the scheme as calculated in the statement prepared in the Secretariat is as follows:—

Present annual cost	Proposed annual cost	
	Minimum	Maximum
Rs. 25,188	Rs. 52,788	Rs. 76,188

If the pay of the three Health Officers will be paid by the respective Municipalities or the District Board, the cost to be borne by the Government will be :—Minimum Rs. 43,788 Maximum Rs. 61,788.

2. In the above calculation the cost of travelling allowances has not been included. Considering the number of officers proposed to be appointed, the area over which their jurisdiction will extend and the large amount of touring required of them, the annual expenditure on this account is not likely to be less than Rs. 7,000. The adoption of the scheme will therefore result in an immediate increase of permanent expenditure of about Rs. 26,000 and an eventual increase of about Rs. 44,000 per annum, exclusive of contingent, tour and other expenses incidental to such establishments and offices.

3. In the present state of the finances it does not appear possible to add this large amount to the permanent expenditure of the State. Excluding the adventitious sources of revenue on the strength of which no permanent expenditure of a Public Service Department like the Sanitary can be undertaken, the ordinary revenue of the State is not even sufficient to meet the ordinary expenditure and the causes that have contributed to the increase of expenditure disproportionate to the increase in revenue are under investigation. The income from the principal heads of revenue is practically stationary and the abolition of the halat on supari will reduce from 1907-08 the existing ordinary revenue of the State by over Rs. 3½ lakhs. While the permanent sources of revenue are inelastic and are wholly absorbed in meeting the present expenditure, there is no margin left for additional expenditure, however useful. In undertaking more expenditure than the present revenues can bear, there is the risk of hypothecating the increase of revenue in future years without knowing whether such increase may be really available.

4. Attention is invited to para 21 of Government Order No. Fl. 6050-Gl. Fin. 280-04-55, dated 6th December 1907, directing that the growth of expenditure in the Medical and Sanitary Department be considered by the Retrenchment Committee. Before the extent of the retrenchment, it will be found possible to effect, in this department is ascertained, I beg respectfully to submit that it is not advisable to make a large permanent addition to the existing expenditure which is recognised to be already too heavy and more than present resources can bear.

M. N. KRISHNA RAO,
In charge of the Comptroller's Office.
15-4-07.

52. Submitted.

H. RAMAIYA.
20-4-07.

53. Circulate quickly.

K. S. CHANDRASEKHARA AIYAR.
28-4-07.

54. The Officiating Comptroller makes out a strong case against the State incurring permanent obligations involving a large annual expenditure in the present state of our finances. With due deference to this opinion I hold that the organization of a Health

Department for the State is a matter of vital importance and one which can no longer be delayed. The cities of Bangalore, Mysore and Kolar Gold Fields are now without a responsible Health Officer. The malnad is getting decimated by the prevalence of small-pox, plague and other epidemics. A properly qualified Health Officer stationed at Shimoga will be able to attend to the sanitary requirements of the most unhealthy districts in the State. I would strongly urge that the modified proposals of the Senior Surgeon and Sanitary Commissioner be sanctioned at once if possible, or from 1st July 1907.

55. It should be distinctly understood that no personal or local allowances will be sanctioned.

K. P. PUTTANNA CHETTY,
2nd Councillor.
30-4-07.

56. I concur. I know not whether the salaries may not be pitched somewhat lower to start with, especially as they are to be progressive. At any rate the intervals of time at which increments may be granted should be fixed and increments should be earned by approved service and not merely by efflux of time.

T. A R.
13-5-07.

57. Dewan.

K. S. CHANDRASEKHARA AIYAR.
12-9-08.

Submitted to His Highness.

58. In August 1903, the Senior Surgeon and Sanitary Commissioner submitted certain proposals framed by Colonel Benson for the inauguration of a Health Scheme for the State, and Government in their Order No. 9301-19—Ml. 67-03, dated 8th April 1905, while regretting their inability under existing conditions to accord their sanction to the scheme in its entirety, and after consulting Colonel Smyth the then Senior Surgeon and Sanitary Commissioner, sanctioned as a useful instalment of sanitary improvement, a modified scheme for the training and employment of certified Sanitary Inspectors for improving the sanitation of Municipal towns and rural parts in the State. The scheme proposed by Colonel Benson and that sanctioned by Government are clearly explained in the Dewan's note dated 17th March 1905 (printed at pages 8 to 10 of "A" collection for April in File No. 67 of 1903-04).

59. Under this new scheme there are now 19 Sanitary Inspectors and 3 Assistant Sanitary Inspectors employed in the several parts of the State including the Bangalore and Mysore City Municipalities.

60. In September 1906, Col. Smyth represented that the scheme sanctioned by Government could not be carried out in its entirety all over the State as the services of the officials required therefor could not at once be procured, and suggested that a beginning in the way of organizing a regular sanitary staff might be made in the case of a selected district or two, the Mysore District being taken up first. His proposals involved (1) the appointment of a qualified officer of the rank of Sub-Assistant or Assistant Surgeon as District Sanitary Officer with a full complement of Sanitary Inspectors one for each taluk, and (2) the training of the existing Deputy Inspectors of Vaccination as Sanitary Inspectors. He also strongly recommended the inauguration of Central and District Sanitary Boards as suggested by Col. Benson in his original scheme. Col. Smyth considered that if Sanitary Officers of the rank suggested by him were appointed, a Sanitary Officer with a Deputy Inspector of Vaccination might be able to attend to the work of two districts instead of one.

61. While this scheme was under the consideration of Government, Col. Smyth went on leave, and Major Drake Brockman who succeeded him considered that both Col. Benson's original scheme and the one submitted by Col. Smyth required modifications in certain important respects to suit our present needs. His proposals are as follows :—

(1) The sanitary profession should be represented *directly* in the Government by the appointment of the Sanitary Commissioner or any other expert in Sanitary Science as Secretary to Government in the Sanitary Department.

(2) The entertainment of a full time Sanitary Commissioner as it is practically impossible for the Senior Surgeon with his multifarious duties to perform the work of Sanitary Commissioner as well. But as however both Col. Benson and Col. Smyth did not suggest the entertainment of a full time Sanitary Commissioner, Major Brockman would not press the point, but would for the present urge the appointment of qualified officer as Deputy to the present Sanitary Commissioner. This officer will also be Personal Assistant to the Sanitary Commissioner having a salary of Rs. 500 rising to Rs. 800 with an allowance of Rs. 300.

(3) The separation of the Sanitary (Preventive) Department proper from the Medical (Curative) Department in keeping with the progress of modern times. For this purpose the State should be divided into three Sanitary Divisions each being placed under a Divisional Sanitary Officer with a salary of Rs. 250 rising to Rs. 400 and an allowance of Rs. 150, and

until these officers are secured, the present District Medical and Sanitary Officers may continue to perform the duties of the Sanitary Department with an allowance of Rs. 50.

(4) The reforms should not be confined to one district alone but should be introduced all over the State. To attain this object and to secure the necessary number of Sanitary Inspectors, the rule regarding the qualifications of Sanitary Inspectors may be relaxed slightly, so that men with the necessary sanitary training who agree to pass an examination in Kanarese in 6 months or a year may be admitted. To facilitate the supervision of these Inspectors, the present Deputy Inspectors of Vaccination may be given a training as Sanitary Inspectors and afterwards appointed temporarily as District Sanitary Assistants and Deputy Inspectors of Vaccination with an allowance of Rs. 30 each and placed under the District Medical and Sanitary Officers for the time being and subsequently under the Divisional Sanitary Officers, their places being ultimately filled up by qualified District Sanitary Officers with a pay of Rs. 100 rising to Rs. 200 and an allowance of Rs. 50.

(5) In addition to the Divisional and District Sanitary Officers each of the Municipalities of Bangalore and Mysore and the Sanitary Board, Kolar Gold Fields, will have to maintain their own Health Officers.

(6) When the department is organized there will have to be a Public Health Institute attached to it with a Laboratory Assistant on Rs. 80 rising to Rs. 120 plus Rs. 20 and 2 menials.

(7) The Central and District Sanitary Boards should be formed as suggested by Col. Benson and Col. Smyth with certain modifications in the personnel, namely, (*a*) in the Central Sanitary Board, the Revenue Commissioner should find a place instead of the Secretary to Government, General and Revenue Departments, and the Deputy Sanitary Commissioner and the Sanitary Engineer may also be its members.

(*b*) In the District Sanitary Boards, the Divisional Sanitary Officers and District Sanitary Officers should be members in addition to the District Medical Officers.

(8) The revision of the establishment of the Vaccine Department proposed in the original scheme should be sanctioned, as without it, it is not possible to work the system efficiently.

62. Major Brockman states that the working of the department will be the same as was proposed in the original scheme by Col. Benson with the exception that the District Sanitary Officer, when appointed, will not be subordinate to the District Medical Officer but will be directly under the orders of the Divisional Sanitary Officer. The Sanitary Inspectors will be direct subordinates of the District Sanitary Officers but the local revenue authorities, *i.e.*, Municipal and Local Fund Presidents and Vice-Presidents, may give them instructions in ordinary *routine* work. In cases of urgency in connection with the epidemics or other causes, the Sanitary Inspector shall abide by the orders of the local revenue authorities subject to approval of the same by the District Sanitary Officer.

63. This scheme was discussed in council with Major Brockman at a conference held on 16th March 1907, and in accordance with the views expressed on that occasion, the Senior Surgeon has revised the scheme slightly modifying his original proposals as regards the pay and allowances of the Deputy Sanitary Commissioner and Divisional Health Officers. It was also observed at the conference that the Senior Surgeon should suggest retrenchments in the Medical Department to cover the cost of the new scheme, but Major Drake Brockman states that he is unable to suggest any retrenchments in the Medical Department, or transference of funds in order to meet the extra expenditure, but that on the introduction of the scheme he anticipates certain savings in the plague allotments and appreciable return to Government in the Vaccine Institute.

64. The proposals as discussed at the conference and as finally revised by Major Brockman are—

(1) No separate Sanitary Commissioner or *Ex-officio* Secretary to Government in the Sanitary Department is necessary.

(2) Deputy Sanitary Commissioner to be appointed on Rs. 500-$\frac{50}{2}$-750. No allowances except usual travelling allowance. He is to be in charge of Vaccine Institute also.

(3) Three Divisional Sanitary Officers on Rs. 250—$\frac{50}{2}$—400 (no allowances except usual travelling allowance). One such officer to be immediately appointed to the Western Division which includes the most unhealthy portions of the State, such as Shimoga, etc.

(4) Eight District Sanitary Officers to be under the Divisional Sanitary Officers. Pay Rs. 100—$\frac{25}{2}$—200 (no allowances except travelling allowance).

(5) Health Officers for Bangalore, Mysore and Kolar Gold Fields, on the same pay as Divisional Sanitary Officers, namely, Rs. 250—$\frac{50}{2}$—400.

(6) Sanitary Inspectors to remain as they are.

(7) Number of vaccinators to be reduced.

(8) Proposals *re* Central Sanitary Board and District Sanitary Board to be approved.

65. The Financial effect of these proposals involves a total annual minimum and maximum cost of Rs. 52,788 and Rs. 76,188 respectively, as against Rs. 25,188 the present cost, resulting in an increase of Rs. 27,600, rising to Rs. 51,000. If the pay of the 3 Health Officers be paid by the respective Municipalities or the District Board, the cost to be borne by Government will be—

	Rs.
Minimum	... 43,788
Maximum	... 61,788

66. The Comptroller states that the adoption of the scheme will result in an immediate increase of permanent expenditure of about Rs. 26,000 and an eventual increase of about Rs. 44,000 per annum exclusive of contingent, tour and other expenses. He is of opinion that in the present state of the finances and in the absence of information as regards the extent of the possible retrenchments in the Medical and Sanitary Department, the growth of expenditure of which has been ordered by Government in their Proceedings No. Fl. 6050—Gl. F. 280-04-55, dated 6th February 1907, to be considered by the Retrenchment Committee, it is not advisible to make a large permanent addition to the existing expenditure which is recognized to be already too heavy and more than present resources can bear.

67. The Second Councillor observes that the cities of Bangalore and Mysore and Kolar Gold Fields are now without responsible Health Officers and that as the malnad is getting decimated by the prevalence of small-pox, plague and other epidemics, a properly qualified Health Officer stationed at Shimoga will be able to attend to the sanitary requirements of the most unhealthy districts in the State. He is of opinion that the organization of a Health Department is a matter of vital importance and one which can no longer be delayed and he strongly urges that the modified proposals of the Senior Surgeon and Sanitary Commissioner (Major Drake Brockman) be sanctioned at once, if possible, or from 1st July 1907, it being distinctly understood that no personal or local allowances will be sanctioned.

68. The First Councillor concurs with the Second Councillor in his views, but enquires at the same time whether the salaries may not be pitched somewhat lower to start with, especially as they are progressive and suggests that the increments should be earned by approved service and not merely by efflux of time.

69. I generally approve of the proposals made by the Senior Surgeon. As regards the salaries proposed I think they are fairly moderate and I do not think that we shall be able to get the right sort of men on lower pay. The periodical increments will of course depend upon approved service.

70. As regards provision of funds there is no doubt much force in what the Comptroller says. If the scheme is generally approved by His Highness, I shall consider the question of funds when the budget is taken up. I would strongly recommend the scheme as a whole being sanctioned.

V. P. MADHAVA RAO.
18-5-07.

Order.

71. The scheme appears to be sound and practical and I gladly sanction it.

72. I trust that funds will permit of a substantial beginning being made without delay.

K. R W.
8-6-07.

73. Put up draft.

K. S. CHANDRASEKHARA AIYAR.
11-6-07.

74. Draft submitted.

H. V.
14-6-07.

H. RAMAIYA.
18-6-07.

75. I shall be glad if Mr. Ramaiya will kindly go over the draft again and revise it so that it may be quite clear and self-contained.

C. S. BALASUNDARAM IYER.
19-6-07.

76. Revised draft submitted. There is nothing definite about the duties and powers of the Central and District Boards. This question will have to be decided in consultation with the several officers concerned.

H. RAMAIYA.
21-6-07.

77. Draft order *re* Public Health Scheme is submitted to 1st and 2nd Councillors for approval.

C. S. BALASUNDARAM IYER.
2-7-07

78. The draft may be approved.

T. A. R.
3-7-07.

79. Draft as corrected by me may be approved.

K. P. PUTTANNA CHETTY.
4-7-07.

80. Dewan.

C. S. BALASUNDARAM IYER.
4-7-07.

81. Draft as revised by Dewan is put up.

K. MATTHAN.
24-7-07.

82. Issue in manuscripts to Senior Surgeon and Comptroller, also send a copy to Press for being printed.

C. S. BALASUNDARAM IYER.
27-7-07.

83.

To the Senior Surgeon and Sanitary Commissioner; to the Revenue Commissioner; Deputy Commissioners of Districts and Presidents of District and Municipal Boards; Presidents, City Municipalities, Bangalore and Mysore, and the President, Sanitary Board, Kolar Gold Fields, No. 1378-92, dated 10th August 1907.

Serial No. 8.

Sanctions the scheme for the constitution of a Public Health Department in the State

Notes by the Financial Branch.

84. Government Order No. 1378-92, dated 10th August 1907, sanctioning the constitution of a Department of Public Health sent for confirmation in the Financial Department is submitted to Financial Secretary.

M. N. KRISHNA RAO.
27-8-07.

85. The order was issued on the 10th August last, and it has only now come to us for confirmation. Consequently I have not been given an opportunity of discussing the suitability of the rates of pay proposed.

86. The pay of the Deputy Sanitary Commissioner has been fixed at Rs. 500-50-750. This is much more liberal than the pay given to Civil Surgeons (which are 400, 500, and 600) or the pay of a Deputy Commissioner of the 3rd Class (Rs. 700—Rs. 800). In this province it is not merely sufficient to compare proposed rates of pay with those in force in British India, but also necessary to maintain the necessary proportion to the pay of the highest service.

87. In the case of Divisional Sanitary Officers, the increments of Rs. 50 will be earned biennially but Assistant Commissioners in the Mysore Civil Service get only triennial increments of Rs. 50. In fact the position of a Divisional Superintendent until the stage of Rs. 400 is reached will be much better than that of an Assistant Commissioner. The mere possession of a diploma in public health should not give them this advantage over both Assistant Commissioners and Assistant Surgeons in the province.

88. I think it is absolutely necessary to grade these officers with Assistant Surgeons with a special allowance of Rs. 50 for the health qualification. In British India Rs. 300 is practically the maximum for an Assistant Surgeon and he gets it towards the close of his service as Senior Assistant Surgeon. A Divisional Officer will get the same amount here in 6 years. Will these officers be quite content with their pay of Rs. 400 for the rest of their service? Or it will be necessary to console them with increases of pay from time to time.

For all these reasons the best plan would be to introduce fixed rates of pay as in the case of Assistant Surgeons, or better still to have only one list for both classes of officers, a number sufficient for the Health Department being recruited with the necessary health qualification.

89. Similar remarks apply to the District Sanitary Officers. They will attain to Rs. 200 after eight years' service and it cannot be expected, that they will be content with that for the rest of their time. As mostly young men are to be recruited there will not be any chance of promotion to the class of Divisional Superintendents, unless there should be casualties in that class. And then there is no reason why their promotion in the early part of service shall be so much better than that of Sub-Assistant Surgeon.

90. I would therefore suggest their grading with Sub-Assistant Surgeons, with a suitable special allowance. It will perhaps be better to encourage the Sub-Assistant Surgeons to get a health diploma.

I do not see what will happen to the Deputy Inspectors of Vaccination after suitable qualified men have been recruited for the posts of District Sanitary Officers as laid down in the order. They are now being trained for sanitary work, but if it is intended to draft

them slowly into the new appointments it will be a great hardship on the members of the Sub-Assistant Surgeon's service, who have not been given a chance of training. I am possibly trenching on the ground reserved for the Administrative Department, but I raise the point as unless these men are carried away by one of the epidemics, they will be called upon to fight. I cannot see what the Senior Surgeon has kept in store for them.

91. The total cost has been calculated without reference to travelling allowance, contingencies, and what is most important the cost of sanitary works. There is no rough estimate even of the total amount which will be available from present sources, and what proportion the establishment charges bear to the total amount thus available. I am somewhat startled to find a reference to "Annual grants and loans to local bodies from Provincial Funds" in the "Genealogical table" given in Senior Surgeon's letter of 26—27th March 1907. I have not been shown any discussions on this subject, and in order that my silence on this point at the present moment when the order has come to us for "confirmation" may not be misinterpreted, I hasten to inform the Dewan and Council that the State has absolutely no chance of meeting any large expenditure on sanitary schemes, until the general situation is considerably improved by the improvement of revenue or the reduction of expenditure in other directions.

92. It is logical in this connection to enquire whether a larger share of this expenditure cannot be put on District Boards and Municipalities. This can only be done by the Local Fund Branch of the Secretariat. Doctor Palpu seems to be under the impression that even the whole of the pay of the three Health Officers will not be recovered from Municipalities, etc., as proposed in the Government Order. This is serious.

93. As I have suggested in the scheme for the Provincial Veterinary Departments, it will be an equitable way of distributing the expenditure if the supervising and inspecting staff are paid by Government, and the purely local staff by District Boards and Municipalities. The Public Works grant from Local Fund General (this year Rs. 70,000) may if necessary, be wholly diverted to the execution of sanitary works of importance, the cost of smaller works being found by District Boards or *by voluntary subsciption.*

94. The details of this plan, if the broad features are accepted, may be worked out later on after a fuller discussion than I have been given the opportunity for, and if approved, a reservation to this effect might be made in the Government Order.

95. The grant of Rs. 20,000, for the introduction of the scheme was made possible only by the promised reduction of Rs. 48,000 in the Plague budget. Doctor Palpu with whom I discussed the point is very uncertain about the whole of this sum being available. If this should be so, the budget will be converted into a deficit one, and I would emphasize the necessity of securing the promised reduction before confirmation of the order.

U. L. MAJUMDAR.
6-9-07.

96. Dewan s order.

Please circulate to Councillors.

By order.
K. MATTHAN.
8-9-07.

97. Circulate.

C. S. BALASUNDARAM IYER.
10-9-07.

Opinion of the Council.

98. The Council is of opinion that the Order may be confirmed in the Financial Department.

V. P. MADHAVA RAO,
Dewan of Mysore.

Submitted to His Highness.

99. The Government Order sanctioning the scheme for the constitution of a Department of Public Health in the State having been sent to the Financial Department for confirmation in that department, the Financial Secretary has raised certain objections to the scheme, chiefly in regard to the rates of pay allowed.

100. The scheme having already received the sanction of His Highness and orders having been issued, it is now too late to consider these objections, which should have been made when the Comptroller was consulted un-officially in April 1907. The Council are therefore of opinion that the order may be confirmed in the Financial Department. This may be approved.

V. P. M.
29-11-07.

Order.

101. I have expressed my views on the file relating to the constitution of a Veterinary Department.

Printed below.

K. R. W.
6-12-07.

102. "It appears that neither the Veterinary Department scheme nor the Sanitary Department scheme received proper scrutiny in the Finance Department when sent there unofficially. In the former case the officer officiating for the Comptroller objected to the whole scheme on general grounds and did not examine the details. In the latter case the Comptroller merely considered it from the point of view of the budget then under consideration. I admit the inconvenience of reconsidering the schemes at this stage. But if it can be proved that the scale of salaries as passed is unnecessarily extravagant, I doubt if we are justified in declining to consider the Comptroller's representations, especially at a time when the Retrenchment Committee is still at work. I think it is desirable that the Comptroller's remarks on both cases should be considered on their merits both by Government and the Heads of the Departments concerned. I do not think that the organization of the departments has gone so far that it is too late to retrace our steps if we are convinced that it is right to do so. The case of officers already employed will of course require special treatment. If Council adhere to the opinion already expressed I shall be prepared to give full weight to it. But in any case I desire that the Comptroller's remarks may be discussed on their merits."

K. R. W.
6-12-07.

103. Communicate copy of Financial Secretary's remarks to Senior Surgeon and call for his opinion why the Government Order should not be reconsidered in the light of the observations made by the Financial Secretary.

C. S. BALASUNDARAM IYER.
24-12-07.

104. *To the Senior Surgeon and Sanitary Commissioner, No. 6113, dated the 26th December 1907.*

Serial No. 9.

Communicates to the Sanitary Commissioner certain remarks made by the Financial Secretary upon the scheme for the formation of the Public Health Department and requests him to favour Government with his views as to why the scheme should not be reconsidered and suitably modified in the light of the observations made by the Financial Secretary.

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105. *From the Sanitary Commissioner, No. 3203, dated 28th February 1908.*

Serial No. 10.

Submits his views on the note from the Financial Secretary, regarding the question of pay of the officers of the Department of Public Health.

106. The Sanitary Commissioner states that it is absurd to make the pay of Assistant Commissioner the standard of the Public Health Department, which is a special technical department and that the rates of pay now fixed for the officers of the Health Department are exceedingly moderate considering their qualification in sanitary science.

107. As regards the question of introducing fixed rates of pay to the officers of the Health Department, as in the case of medical officers and blending the two services into one, the Sanitary Commissioner states that a more liberal scale of pay than in the Medical Department proper is necessary to the officers of the Health Department considering their professional qualifications and the arduous and risky nature of their duties.

108. The Sanitary Commissioner is of opinion that the rate of pay now sanctioned to the District Sanitary Officers in the Health scheme, *viz.*, Rs. (100—$2\frac{5}{2}$—200) is too low to attract the right sort of men and proposes to raise the scale from (Rs. 100—$2\frac{5}{2}$—200) to (Rs. 200—$5\frac{0}{2}$—350). He suggests that the extra cost involved may be met by abolishing the appointments of Divisional Sanitary Officers, who are not necessary when better class of District Sanitary Officers are appointed. At present there is one Divisional Officer, Mr. Krishna Rao at Shimoga.

109. As regards the pay of the Deputy Sanitary Commissioner, the Sanitary Commissioner, states that since the appointment of Personal Assistant to the Sanitary Commissioner and that of the Deputy Sanitary Commissioner have been combined into one, his pay is inadequate for the heavy work and the responsibilities involved. With reference to the question of funds for meeting expenditure on sanitary schemes, the Sanitary Commissioner proposes that the provision for sanitary works made in the Public Works Department, Municipal and the Local Fund Budgets should be separated to form part of the budget of the Health Department.

110. In para 7 of Government Proceedings No. 1378-92—San. 93-06, dated the 10th August 1907, it is stated that the present Deputy Inspectors of Vaccination will be given a

training in sanitation and then they will be appointed temporarily as District Sanitary Assistants and Deputy Inspectors of Vaccination and they will be in charge of the duties of District Sanitary Officers. The Financial Secretary is of opinion that such appointment will be a great hardship to the Sub-Assistant Surgeons, who have not been given a chance of training. The Sanitary Commissioner has not expressed his opinion on this point.

111. Submitted for orders as to whether this may be sent to Branch II for confirming the Health scheme Proceedings or whether the Chief Engineer may be asked to state if the annual grant of Rs. 70,000 made to the Public Works Department from the Local Funds General, could be allotted to the Health Department for the execution of sanitary works of importance as proposed by the Financial Secretary. The District and Municipal Boards will of course take up sanitary works in consultation with the District or Central Sanitary Board.

H. RAMAIYA.
11-3-08.

M. A.
S. M. J.
9-3-08.

112. The Sanitary Commissioner has I think made out a strong case in favour of the recently sanctioned scale of salaries to Sanitary Officers. As observed by him, the pay of Rs. 250—50—400 for Divisional Sanitary Officers and Health Officers who will generally be men who have gone to England and taken Public Health Degrees there, is not unreasonably high even compared with the pay of Assistant Commissioners. The latter have prospects of higher appointments carrying salaries rising from Rs. 700 to 1,400 while the only higher appointment open to the Sanitary Officers will be that of Deputy Sanitary Commissioner with a pay of Rs. 500 to 750.

113. The pay of District Sanitary Officers Rs. 100—200 is also I think fair, as these officers are generally likely to be men with Indian qualifications and the pay compares favourably with that in the general medical service. It will be quite open to Sub-Assistant Surgeons to pass the L. S. Sc. Degree Examination and qualify for these posts.

114. The Sanitary Commissioner makes a proposal now to abolish the posts of Divisional Sanitary Officers and to employ District Sanitary Officers on higher pay of Rs. 200—$\frac{50}{2}$——350 instead of 100—200. The cost will work out to be the same, but I am not sure that men with European qualifications will be readily available for these appointments. For men with Indian qualifications the pay of 100—200 with prospects of rising to Divisional Sanitary Officers would I think be sufficiently attractive.

115. With regard to the budget of the Public Health Department, besides the salaries, etc., of the establishment, the amounts spent on plague expenditure may be shown as expenditure in the Public Health Department and the Sanitary Commissioner given control over it, and so may any other sums sanctioned by Government from time to time for expenditure by the Sanitary or Public Health Department. Provision is now made in the Public Works Department for certain sanitary works carried out by that department and the Sanitary Commissioner suggests that this should be shown in the budget of the Public Health Department. The amount thus spent on works and the cost of the Sanitary Engineer and his establishment may be shown in the Sanitary Department, deducted from the total amount and shown under Public Works Department as the money is spent and works carried out by that department. This would be simply a matter of accounts and would not give the Sanitary Commissioner any administrative control over the Sanitary Engineer or the works. I am not sure if a similar arrangement can be adopted in the case of expenditure incurred by Local Funds Municipalities and the Revenue Department on works of a sanitary character such as digging wells, constructing drains, clearing weeds and rubbish, extending villages and towns, etc. The works would be too many and small in themselves and it may cause unnecessary complications in accounts to show all these both under the Public Health Department and under the Local Fund, Municipal, etc., budgets. This is also a matter of accounts mainly. So far as the Public Health Department is concerned, it is not directly in charge of the execution of these works. It is only an advising department and the District Sanitary Officer, and District Sanitary Board advise the Local Fund and Revenue authorities in framing projects and estimates for these works. Similarly the Sanitary Commissioner and Central Sanitary Board advise Government and local bodies in regard to works of greater importance. Neither of these bodies has any executive or administrative functions such as sanctioning estimates or carrying out works. Except in regard to purely professional measures in times of epidemics, etc., the functions of the Sanitary Department and its officers are not executive but purely advisory. This should I think, be clearly laid down, as there is reason to believe that much misconception exists on the subject.

116. As regards the account aspects of the case the Comptroller may be consulted U. O.

Submitted to 2nd Councillor for instructions.

C. S. BALASUNDARAM IYER.
9-5-08.

117. I would not complicate matters by including all sanitary works of the Public Works Department and of Municipal and Local Funds, in the Public Health Department Budget. No useful purpose is served. On the other hand it will inflate the Public Health Budget and give it an exaggerated importance. Let the duties of the Health Department be advisory and let it not develop departmentalism. Already there is friction between this department and the Municipal and Local Fund Departments. The pay of the officers of the Health Department has been fixed on a very liberal scale and may be allowed to remain unaltered, though I do not agree with all that the Sanitary Commissioner says on the subject.

K. P. P.
12-5-08.

118. I concur. The measure already adopted will I trust be found to be good enough for the next (say) five years. There will be nothing to prevent alteration as experience is gained in actually working it.

T. A. R.
14-5-08

119. Dewan's order.

May be brought up before Council.

By order,
K. MATTHAN.
30-5-08.

Opinion of the Council.

120. The Council has carefully considered the remarks of the late Comptroller in regard to the scale of salaries, etc., in the new department; but having regard to the high qualifications required in the officers to be selected and the difficult nature of the work to be done by them, it is of the opinion that the scale of pay should be fixed at rates sufficient to attract competent men. The rates of salaries already adopted secure this end and may therefore remain unaltered for the present, subject to revision in the light of future experience.

As regards the budget of the Public Health Department, besides the salaries, etc., of the establishment, the amounts spent on plague expenditure may be shown as expenditure in that department. It is unnecessary to show thereunder expenditure on sanitary works incurred in the Public Works, and Municipal and Local Fund Departments as suggested by the Sanitary Commissioner, more especially as the Health Department is purely an advisory body and not an executive one.

With these remarks the Council would recommend that the order of 10th August 1907 may be confirmed.

V. P. MADHAVA RAO,
Dewan of Mysore.

Submitted to His Highness.

121. The Government Order of the 10th August 1907, sanctioning the scheme for the constitution of a Sanitary Department in the State having been sent to the Financial Department for confirmation, the then Financial Secretary, Mr. Majumdar, raised certain objections to the scheme, chiefly in regard to the rates of pay allowed. In His Highness Order, dated the 6th December 1907, His Highness was pleased to direct that Mr. Majumdar's remarks might be considered on their merits both by Government and the Head of the Sanitary Department.

The remarks of the late Financial Secretary were accordingly communicated to the Sanitary Commissioner for his opinion. The Sanitary Commissioner's views are contained in his letter No. 3203, dated the 28th February 1908.

The matter having been further considered in the Council, the Council is of opinion that the rates of salaries already adopted may remain unaltered for the present, subject to revision in the light of future experience. The Council also considers that the amount spent on plague expenditure may be included in the Budget of the Public Health Department, but that it is unnecessary to show thereunder the expenditure on sanitary works incurred in the Public Works, Municipal and Local Fund Departments as suggested by the Sanitary Commissioner.

The Council therefore recommends that the order of 10th August 1907 may be confirmed.

V. P. M.
9-6-08.

Order.

122. Approved.

K. R. W.
13-6-08.

123. Government Order No. 1378-92—San. 93-06-8, dated 10th August 1907, was confirmed by the Financial Branch, *vide* No. Fl. 6645—G. F. 61-07, dated 22nd June 1908.

Proceedings of the Government of His Highness the Maharaja of Mysore.

The Health Scheme.

FILE No. 93 OF 1906-07.

Letter No. G. 239- dated, Bangalore, 28th September 1906, From Lt-Col. John Smyth, M. D., I. M. S., Senior Surgeon and Sanitary Commissioner with the Government of His Highness the Maharaja of Mysore, Bangalore, to K. S. Chandrasekhara Aiyar, Esq., B.A., B.L., Secretary to Government of His Highness the Maharaja of Mysore, General and Revenue Departments, Bangalore.

Serial No. 1.

With reference to Government Order No. 9301-19—M1.67-03, dated 8th April 1905, sanctioning a definite scale of Sanitary Inspectors for the service of the province, I have the honor to point out that even if we had every Sanitary Inspector therein sanctioned, Mysore would still have a far from perfect sanitary service. Without adequate supervision, these officials will gradually degenerate into mere costly incumbrances. Every one knows that the Municipal, District and Taluk authorities have neither the time nor the training for the purpose of effective supervision. In fact these Sanitary Inspectors formed only a part of a definite sanitary scheme and can only be effective if the scheme as a whole, is adopted at least in spirit.

2. Now I recognise at once that the entire scheme cannot be at once carried out for the very good reason that the necessary officials to fill it up cannot be at once procured. To carry out the original scheme in full and at once, some 150 Sanitary Inspectors, and about 8 Health Officers would be required. But if it is impracticable to place the whole scheme at once "on the Boards," it is by no means so to begin doing so by degrees—district by district.

3. My recommendation therefore is that for the present, Sanitary Inspectors be supplied only to headquarters of districts and two or three other of the large towns where they will be under the eye of the District Surgeons, with the exception of one selected district which should have its full complement as soon as possible with a Sanitary Officer in charge who would be directly under the Sanitary Commissioner and have no Medical work to do in the district save the charge of headquarters when the District Surgeon would be out inspecting dispensaries. But he would be in no way subordinate to the District Surgeon. Except in the depth of the rainy season this officer might be required to spend 20 days out of every month on tour. His duties would be—

(i) To see that the Sanitary Inspectors did their duty receiving from them weekly reports of work done, commenting on it and directing it.

(ii) He would carefully scrutinise vital statistical operations reporting defects to the proper authorities.

(iii) He would check the work of Vaccinators, arranging their tours and helping them by all means in his power to persuade the people to conform to vaccination.

(iv) He would submit monthly reports to the Sanitary Commissioner on a form that would be supplied to him by this office.

(v) Arrange for the sanitation of fairs and festivals and control the operation of any staff appointed to deal with epidemic diseases.

(vi) Such other sanitary duties as might from time to time be allotted to him by Sanitary Commissioner.

4. Of course the officials now known as the Deputy Inspectors of Vaccination would under this arrangement disappear. They could be sent one by one to Madras to be trained as Sanitary Inspectors in any case where they are otherwise qualified, or be otherwise disposed of.

5. I would begin these operations in the district of Mysore. The Deputy Inspector of Vaccination there might be retained for a fortnight or so and then sent to some other district such as Kadur or Kolar, sharing the district with the existing Deputy Inspector or he could be sent to Madras at once and trained as Sanitary Inspector if he is qualified for such a course.

6. As to the difficulty in the way of supplying the district with Sanitary Inspectors I mean the condition laid down in the Government Order that Sanitary Inspectors cannot be engaged in any place where overseers already exist till these are provided for otherwise—it can be met either by cancelling this portion of order or so modifying it that Sanitary Inspectors may be at once engaged even when there are overseers, but with a clear condition that when the overseer can be provided for or otherwise got rid of, the Sanitary Inspector shall assume the overseer's duties as part of those he shall be called upon to perform.

The District Sanitary Officers should be on the regular strength of the Medical establishment. They should draw an allowance of Rs. 50 as a Sub-Assistant Surgeon, of

Rs. 150 as an Assistant Surgeon, and of Rs. 250 as a Civil Surgeon, provided that if they possess a recognized diploma in Public Health, they shall draw an allowance of Rs. 50 extra.

The Personal Assistant to Sanitary Commissioner would ordinarily be recruited from the District Sanitary staff and should get Rs. 50 more as allowance than an officer of the same rank performing the duties of District Sanitary Officer and, like the District Officers, he should get an extra allowance of Rs. 50 if he possesses a recognized diploma in Public Health.

8. If my recommendation is adopted, Mysore will ultimately have a definite well organised and highly qualified sanitary organisation composed of—

The Sanitary Commissioner,
Personal Assistant to Sanitary Commissioner,
District Sanitary Officers including Kolar Gold Fields area,
Sanitary Inspectors of various grades,
Vaccinators properly graded,

and a Superintendent of the Vaccine Institute who, so far as the Institute was concerned would be under the Sanitary Commissioner.

9. To sum up then, I propose, that an attempt be made at once to inaugurate the sanitary service for Mysore, beginning with one district—say Mysore—

If the salary of the present Personal Assistant to the Sanitary Commissioner is placed on the footing I advocate, which in my opinion is none too generous, he would draw the pay of an Assistant Surgeon plus the allowance of Rs. 150 as a Sanitary Officer of the grade of Assistant Surgeon, plus the extra allowance for being Personal Assistant, plus Rs. 50 further, possessing as he does a recognised Diploma in Public Health in all Rs. 250 as allowance.

If a young Sub-Assistant Surgeon is appointed to the selected district he would draw his grade pay and Rs. 50 allowance plus Rs. 50 if he possesses a recognised sanitary diploma.

10. I only fear my proposals regarding pay and allowance err on the side of stinginess. What must be attempted is to offer emoluments that will attract good specially qualified men and *keep* them in the Mysore Service. It may be said that qualified men cannot be had. But I am sure if the sanitary service is made sufficiently attractive, quite a number of clever young men will go up for the sanitary diploma, and in time a sufficient number will be available. But *we cannot wait for specially qualified men.* The young Graduates in Medicine have all passed through a sound College training in Hygiene and Bacteriology, as well as, of course in Chemistry and Pathology. What they are weak in is law as it relates to public health. This they can readily work up, and if necessary be obliged to pass an examination in it say after 18 months' service in the Sanitary Department. So there need be no hesitation in entertaining them as Health Officers.

11. The material is therefore all ready for a commencement in the formation of an ideal Health Department and I trust His Highness' Government will see their way to *making a beginning* at a very early date and though Mysore will thus possibly not be the pioneer in the matter of instituting an organised Health Department, she will be so in organising a Health Department truly deserving of such a title and considerably ahead of any thing similar that exists in India.

12. I have recommended that a Sanitary Officer be appointed to each district and if this is done the Deputy Inspector of Vaccination would no longer be required; but it seems to me that as our districts are comparatively small it may be found that a Health Officer with a Deputy Inspector of Vaccination to help him might be able to do two districts. This would of course mean a substantial saving. If this were found possible then the province could be divided into 4 sanitary circles, each with a Health Officer and a Deputy Inspector of Vaccination. But this will be a matter for future consideration: personnel for only one district is now available and will be so for a considerable time to come.

13. I have one further proposal to make and that is regarding Sanitary Boards which are very important collateral aids to public health work, though they cannot come under the control of the Sanitary Commissioner. These are referred to in the original scheme which may be consulted for details. They cost nothing, and so may at once be inaugurated. They should be a great assistance to Government, the Central Sanitary Board to the Central Government, the District Sanitary Board to the Government of the District.

Local Fund and Sanitary (Sanitary), dated August 1907.

The Health Scheme.

It is a matter of common observation that money is now literally thrown away in so called sanitary work but work which serves no sanitary purpose. Now if all so called sanitary proposals were first placed before the Sanitary Board, a selection of the real from the fictitious sanitary enterprises could be made, and Government would thus feel confident that the money they were allotting for sanitary purposes would be spent to good purpose. The benefits to be derived from the Sanitary Board are indeed so obvious that their advocacy is entirely unnecessary and I trust Government will see their way to the inauguration of such Boards at an early date.

14. As to the extra expenditure which the initiation of the movement would entail, it may be given as follows taking Mysore District as the one to be first manned.

Personnel	Present	Proposed	Increase	Remarks
	Rs.	Rs.	Rs.	
Personal Assistant to Sanitary Commissioner.	Plus 100*	Plus 250	150	
Health Officer of rank of Sub-Assistant Surgeon.		Rs. 80–50 plus 50 if he possesses a Diploma in Public Health.	Rs. 130 (plus 50 if specially qualified.	
Deputy Inspector of Vaccination.	50*			*To be dispensed with as soon as he can be provided for.
Sanitary Inspector	5,124	16,620		*Includes existing Sanitary Inspector, with Inspectors and Overseers. The work Inspectors and Overseers now cost Rs. 4,989 and these are to be got rid of as fast as possible, so the net increase would be under this head Rs. 16,620—Rs. 4,989 =Rs. 11,631.
Vaccinator			no increase	

Docket No. 3666, dated the 7th November 1906, to the Senior Surgeon and Sanitary Commissioner. **Serial No. 3.**

Has the honor to request the Senior Surgeon to be so good as to submit a list of taluks and towns in which Sanitary and Assistant Sanitary Inspectors under the Health scheme are now employed and to state whether the Mysore District has got a full staff of qualified Sanitary Inspectors.

Letter No. G. 463—En. 1, dated the 23rd November 1906, from Dr. P. S. Achyuta Rao, Offg. Senior Surgeon and Sanitary Commissioner with the Government of His Highness the Maharaja of Mysore, Bangalore, to K. S. Chandrasekhara Aiyar, Esq., B. A., B. L., Secretary for the Government of His Highness the Maharaja of Mysore, General & Revenue Departments, Bangalore. **Serial No. 5.**

With reference to your docket No. 3,666—San. F. No. 93-06-3, dated 7th November 1906, I have the honor to forward the accompanying list of taluks and towns in which the Sanitary and Assistant Sanitary Inspectors under the Health scheme are now employed and to state that a full staff of Sanitary Inspectors for the Mysore District could not be entertained for want of fully qualified men.

ENCLOSURE.

List showing the names of taluks and towns in which the Sanitary and Assistant Sanitary Inspectors under the Health Scheme are now employed.

No.	Names of taluks and towns	No. of Sanitary Inspectors employed	No. of Assistant Sanitary Inspectors employed	Remarks
	Bangalore.			
	Bangalore City	...	2	
	Kolar District.			
	Kolar Town	1	...	
	Kolar Gold Fields	2	...	
	Bowringpet Town	1	...	
	Chikballapur Town	1	...	
	Chintamani Taluk	1	...	
	Tumkur District.			
	Maddagiri Taluk	1	...	
	Pavagada Taluk	1	...	
	Sira Taluk	1	...	
	Mysore District.			
	Mysore City	4	...	
	Hassan District.			
	Arsikere Taluk	1	...	
	Shimoga District.			
	Shimoga Town	1	...	
	Kadur District.			
	Kadur Municipality	1	...	
	Tarikere Municipality	1	...	
	Chitaldrug District.			
	Challakere Taluk	1	...	
	Davangere Town	1	...	
	Harihar Sub-Taluk	...	1	
	Total ...	19	3	

Serial No. 6.

Letter No. G. 673, dated Bangalore, 2nd February 1907, from Major H. E. Drake Brockman, I. M. S., Senior Surgeon and Sanitary Commissioner with the Government of His Highness the Maharaja of Mysore, Bangalore, to K. S. Chandrasekhara Aiyar, Esq., B. A., B. L., Secretary to the Government of His Highness the Maharaja of Mysore, General and Revenue Departments, Bangalore.

Looking over the heavy toll that disease and death have levied in this State during the past few years, and some of the more important Sanitary reports by Col. Benson, Lt.-Col. Smyth and the Personal Assistant to the Sanitary Commissioner, one cannot but feel convinced of the very urgent necessity that exists for the formation of an efficient Public Health Department for this State. The feeling is, if possible, enhanced by the fact that there exists at persent no really definite or uniform policy as regards Sanitary Administration, and that money is at a present literally thrown away in so called sanitary measures which serve no really sanitary purpose, while in the matter of pervention of epidemics, there is no prompt, efficient and uniform action taken, owing, not only to the empoyment of unqualified and *Ex-officio* officials, but also to the want of clear definition of each one's duties and responsibilities. The necessity for a separate Public Health Organization became clearly felt soon after the introduction of plague into the State in 1898, and Col. Benson in a letter to the then Plague Commissioner advocated the formation of a Health Department, and probably with that officer's concurrence, subsequently formulated a scheme in consultation with Col. King, Sanitary Commissioner to the Government of Madras. The cost of that scheme was certainly moderate, the ultimate additional charge proposed under Provincial Funds being only Rs. 44,042 a year. Nevertheless, the Government that have been spending large sums every year on "so called" sanitary projects and expensive plague measures, revised that scheme without reference to the Senior

Surgeon with a view to economy, and in that revised scheme which received their approval, the additional charge under Provincial Funds was practically *nil*. This result was secured by mutilating the proposed organization so much as to remove a major portion of its body and leave only disjointed and scattered limbs.

It is a matter of very great surprise to me, mingled with regret, that in this model Native State (which spends proportionately more than others similarly situated, on its Public Services, and rightly so in order to maintain them in a high state of efficiency) the formation of a Sanitary Department even on a modest scale should not have met with approval. It is, moreover anomalous that a State possessing an Education Department costing 8 lakhs, a Police Department costing 10 lakhs, a Military service, 13½ lakhs, a Muzrai Department costing 3½ lakhs and Jails costing 1½ lakhs, should provide, in accordance with the revised sanitary scheme, a budget provision for sanitation and vaccination of only Rs. 33,400 which is less than the provision for the Archæological Department, Public Gardens and even the Amrut Mahal cattle. The comparision is most unfavorable as regards the Jail Department, one in which the expenditure yearly allotted is entirely incurred on behalf of the least deserving portion of the population.

I need hardly take this opportunity of impressing upon the Government the vital importance of a *well organized* and *efficient* Sanitary Department and its very intimate association with the welfare of the community at large, as that is a factor so throughly now-a-days understood and appreciated by every civilized administration throughout the world, as not to need any further comment from me, but, in the face of painful experiences in connection with the outbreak of plague in India in recent years which found us as a country totally unprepared to cope with its ravages, I would earnestly urge early and serious reconsideration of this subject.

With reference to the revised scheme sanctioned by Government I fully concur with Lt.-Col. Smyth's opinion expressed in his letter No. G. 239, dated 28th September—1st October 1906, that "if we had every Sanitary Inspector therein sanctioned, Mysore would still have a far-from-perfect sanitary service, and that without adequate supervision, these officials would gradually degenerate into mere costly encumbrances." Lt.-Col. Smyth's modified scheme proposed in the letter referred to above is now under consideration of Government.

I have carefully studied both the original scheme and the one submitted by Col. Smyth and am of opinion that while containing suggestions of great value, both should be modified in certain important respects, to suit our present needs. In the first place, whatever may be nature of the scheme which is proposed, a point of the most vital importance for the efficient sanitary administration of a country is that the sanitary profession should be represented *directly* in the Government of the land, this is more especially so, when the department is newly started. The officers that usually constitute Government have not had opportunities of studying the great strides which sanitary science has made in recent years in all civilized countries and as a direct result, the immense practical benefits that efficient sanitary organizations have afforded to mankind in countries where they have been provided.

Neither of the above schemes however, contains the proposal that the Sanitary Commissioner or any other expert in sanitary science should be Secretary to Government in the Sanitation Department. In this State, it does not appear to me that there need be any difficulty in sanctioning such a proposal, for in other departments such as the Public Works Department, Geological, Military and even Muzrai such direct representation is in vogue.

In the next place, neither of the schemes referred to suggest the entertainment of a full-time Sanitary Commissioner. When the Senior Surgeon to Government was made *ex-officio* Sanitary Commissioner in 1887, the duties pertaining to the latter office consisted mainly of scrutiny and compilation of birth and death returns, supervision of vaccination and control of cholera epidemics. Since 1887, there has been a very considerable increase in the nature and scope of the duties generally regarded as legitimately pertaining to the office of Sanitary Commissioner. The control of plague operations for which there were special officers formerly, has also since been made part of the Sanitary Commissioner's duties, a condition of affairs without analogy in other large provinces in India, and all these extra duties by the way consolidated into one appointment without any consideration in the way of extra remuneration to him as is done in similar circumstances elsewhere, *e.g.*, Hyderabad The duties of the Senior Surgeon in Medical Department alone moreover have nearly trebled during recent years as comparision will readily prove on reference to the figures noted below :—

	Number of Hospitals and Dispensaries in the State	Number of Medical Officers and Subordicates in the State service	Number of sick treated
1887 ...	51	98	3,19,201
1906 ...	137	237	12,30,591

The work in institutions such as the Medical Stores, Lunatic and Leper Asylum, which are under the direct charge of the Senior Surgeon has also increased proportionately since 1887, and the additional duty of Inspector-General of Prisons has also, in recent years, been added on to his multifarious duties without remuneration, a fact also without analogy in any other province in India! Occasionally the work of Durbar Physician also falls on him when as at present, there is no incumbent of that post. It would thus be clear that it is, at present, practically impossible for the Senior Surgeon to perform the work of Sanitary Commissioner as well without a properly organized Sanitary Department with an efficient staff. This point appears to have been omitted in both the schemes owing to the cost involved in securing the services of a competnt officer to act as Sanitary Commissioner to Government. But that the point was not forgotten altogether when drawing up the schemes is clear from the fact that other arrangements are proposed to remedy this defect. In the King-Benson scheme the appointment of a full-time Deputy Sanitary Commissioner and a Personal Assistant to the Sanitary Commissioner are proposed. In Col. Smyth's scheme the Personal Assistant is provided for in the General Sanitation Department while in his letter No. G. 313, dated 16th October 1905, in connection with the reorganization of the Vaccination Department provision is made for a Deputy Sanitary Commissioner, as well. As neither of the abovementioned officers have suggested the enterainment of a fulltime Sanitary Commissioner I do not press the point, but I would urge the appointment of an officient officer as a Deputy to the present Sanitary Commissioner to act in exactly the same capacity as Deputy Sanitary Commissioners do at the present time in all other provinces in India If a suitably qualified and competent hand be secured for this appointment, I think the duties of the Deputy and the Personal Assistant defined in the original scheme could be combined with advantage, at least for the present, and when the department is fully organized later on, if the work is found to be too heavy for one man, the separation of the functions may be considered. The Deputy will thus be also Secretary to the Central Sanitary Board. He shall also assist the Sanitary Commissioner in his work as Secretary to Government in the Sanitation Department, and shall for that purpose be termed Under or Assistant Secretary, Sanitation Department, as in the Public Works, Geological and Military Departments. The status of the officer should be analogous to that of the Deputy to the Chief Engineer and the minimum pay for the combined appointment should not be less than Rs. 500. The maximum might be fixed rising in stated instalments to Rs. 800. In the original scheme an allowance of Rs. 300 and Rs. 200, respectively are provided for the Deputy Sanitary Commissiorer and Personal Assistant, but for the combined duties and the additional work now proposed I have provided only an allowance of Rs. 300, *i.e.*, the same as what has been passed by Col. Smyth in his letter No. G. 313, dated the 16th October 1905, for charge of the Vaccination Department.

A further defect in the schemes already proposed is that neither of them contemplates the formation of a State Health Department distinct by itself and apart from the Medical Department proper. Preventive Medicine is now a very wide and recognized *special* branch of study in itself and as such can usually absorb a man's whole energy and time and it would not be in keeping with the progress of modern times to have the two departments, Preventive and Curative, *i.e.*, Sanitary and Medical mixed up together *permanently*. It is a well established fact that a District Medical and Sanitary Officer, whatever may be his general qualification and willingness to work, has practically no time to devote to the study of and attention to Preventive Medicine, in addition to his legitimate duties which should be connected with the treatment of the sick more or less absolutely. I would therefore propose that the District Medical and Sanitary Officers be ultimately and gradually relieved of the actual sanitary portion of their work by Medical Graduates of approved merit who have undergone special training in Sanitary Science, as soon as these are available. In order to effect better sanitary control over it, I would propose that the State be divided into 3 Sanitary Divisions each being placed under a Divisional Sanitary officer. If sufficiently attractive pay be offered, I feel sure that really good men can *at once* be had to fill these appointments, or failing that, suitable men may be selected from the Medical Department and given the necessary sanitary training in Madras or England which could be completed within a year. A salary commencing at Rs. 250 and rising to Rs. 400 with an allowance of Rs. 150 will, I think, attract the right sort of men. These appointments could be filled up as men become available, in the meanwhile the present District Medical and Sanitary Officers may continue to perform the duties of the Sanitary Department as hitherto and supervise as far as possible the work of the qualified Sanitary Inspectors wherever such have been entertained, and for this additional work they may be given an allowance of Rs. 50 *temporarily*.

I cannot agree to the proposal of confining the reformation to one district to start with, for more efficient sanitary effort is urgently called for *all over the State* and to be of any real use to the community at large must be a general and combined effort. The rule regarding the qualifications of Sanitary Inspectors may be relaxed slightly so that men with the necessary sanitary training who agree to pass an examination in Kanarese in six months or a year, may be admitted. These may be posted throughout the State wherever there may be the greatest demand for them. To facilitate the supervision of these Sanitary Inspectors the present Deputy Inspectors of Vaccination may be given a training as Sanitary Inspectors in Madras as proposed by both Col. Benson and Lt.-Col. Smyth, and afterwards be appointed temporarily as District Sanitary Assistants and Deputy Inspectors of Vaccination, and placed under the District Medical and Sanitary Officers for the time being, and subsequently under the Divisional Sanitary Officers. The pay of these officers might be the same as was proposed in the original scheme with an allowance of Rs. 30 for the additional sanitary work imposed. But when by transfer or retirement, their places become vacant they should be filled up by Medical Officers of the present Sub-Assistant Surgeons grade who have undergone special sanitary training in Madras. These will then be the District Sanitary Officers and should have control over all sanitary and vaccine operations in the district under the direct orders of the Divisional Sanitary Inspector. Their pay may be fixed at from Rs. 100 to Rs. 200 plus an allowance of Rs. 50.

Thus ultimately, the department would consist of only men who have undergone a special training in Sanitary Science. This is what exists in England and what is being aimed at and brought about in British India, at the present time. When smaller Native States like Travancore have already set an exmple in this direction and maintain a separate Sanitary Department distinct from the Medical, such cannot, and should not, be impossible in Mysore. In addition to the Divisional and District Sanitary Officer, each of the Municipalities of Bangalore and Mysore as heretofore, and the Sanitary Board, Kolar Gold Fields, will have to entertain and maintain their own Health Officers. As the pay of these officers will be debited to Municipal and Sanitary Board funds, it is not shown here. The Sanitary service thus formed ultimately, would be a distinct graded service like the Medical, and would consist of :—

(1) 1 Sanitary Commissioner *ex-officio* (Secretary to Government, Sanitary Department).
(2) 1 Deputy Sanitary Commissioner and Inspector of Vaccination (Under or Assistant Secretary, Sanitation Department) Rs. 500—50—800+300.
(3) 3 Divisional Sanitary Officers 250—25—400+150.
(4) 3 Municipal Health Officers.
(5) 8 District Sanitary Officers 100—$2\frac{5}{2}$—200+50.
(6) Sanitary Inspectors as already sanctioned in Government Order No. 9301-19—M1. 67-03, dated 8th April 1905.
(7) 33 (to 48) Vaccinators ranging from 20 to 40 plus 10 (and necessary clerical establishment (*vide* proposition statement).

The salaries above shown may appear at first sight a bit too liberal when compared with what is being paid in the Medical Department proper, but it must be remembered that Sanitary service is everywhere better paid than the Medical Department on account of the very great risks Sanitary Officers are subjected to in their every day work in connection with dangerous epidemics, and the loss of all income from private practice. There are at present no less than 4 instances of families of Medical Officers and subordinates claiming some kind of compensation on account of death of those officers while discharging plague or other sanitary duties. The amounts proposed are, I think, the least that would attract the right sort of men and offer them sufficient inducement to *remain on* in the sanitary service, a very important consideration in order to maintain continuity in administration of the department.

The greater bulk of the present plague expenditure would possibly be curtailed by the inauguration of a Sanitary Department on thoroughly efficient lines, effecting a considerable saving to the State under that head. It will also be noted that the officials of the Vaccination Department will ultimately be assimilated into the Sanitary Department as a branch (as in British India) and that though put down here, will not necessitate any extra expenditure, but, for purposes of Administration, form an integral branch of the Sanitary Department of the State.

When the department is organized there will have to be a Public Health Institute attached to it. In my letter No. G. 671, dated 31st January 1907 I have referred to this

separately. A laboratory Assistant on Rs. 80 rising to Rs. 120 plus Rs. 20 and 2 menials are provided for the purpose in this scheme.

Sanitary Boards. -One of the suggestions in which I fully concur with my predecessors is the formation of Central and District Sanitary Boards. These I consider absolutely necessary for reasons already given by Col. Smyth in the last but one para of his letter No. G. 239, dated the 28th September 1905. The Board as recommended is only consultative and advisory, and cannot therefore hamper the Executive. Such Boards exist in all civilized countries, and in British India they have been working satisfactorily for some years. I would recommend the following modifications in the *personnel* of the proposed Board. In the Central Sanitary Board, in place of the Secretary to Government, General and Revenue Departments, who probably cannot find the required time and is, besides, a part of Government, I would propose the Revenue Commissioner. I would also suggest the appointment of the Deputy Sanitary Commissioner and Sanitary Engineer to Government as members of the Board in addition to Sanitary Commissioner and the Chief Engineer, for it would be these officers that would be more conversant with details and local requirements in connection with any proposal that may come before the Board. They should be allowed to vote as without that privilege it is not likely that they would take the same interest in the deliberations of the Board. The Deputy Sanitary Commissioner should be Secretary to the Central Sanitary Board as stated above.

In the District Sanitary Boards, the Divisional Sanitary Officers and District Sanitary Officers when appointed should be members in addition to the District Medical Officers. The District Medical Officer will be the Secretary as proposed in the original scheme till the Divisional Sanitary Officer is appointed and relieves him of such work. The non-official members proposed should have power to vote as otherwise they are not likely to take interest in the proceedings of their respective Boards.

. The working of the department will be the same as was proposed in the original, *i.e.*, King-Benson Scheme (*vide* Municipal File 67-03, Serials 1 to 3 A. April 1905), with the exception that the District Sanitary Officer when appointed will not be subordinate to the District Medical Officer but will be directly under the orders of the Divisional Sanitary Officer. The Sanitary Inspectors will be direct subordinates of the District Sanitary Officers but the local Revenue authorities, *i.e.*, Municipal or Local Fund Presidents and Vice-Presidents may give them instructions in ordinary *routine* work. In cases of urgency in connection with epidemics or other causes, the Sanitary Inspector shall abide by the orders of the local Revenue authorities subject to approval of the same by the District Sanitary Officer. The suggestions as regards funds made in the original scheme also meet with my approval.

SUMMARY OF PUBLIC HEALTH SCHEME.

Government

Central Sanitary Board

(1) Sanitary Commissioner (President)

(2) Revenue Commissioner (Revenue Member)

(3) Chief Engineer (Engineering Member)

(4) Deputy Sanitary Commissioner and Inspector of Vaccination (Additional Sanitary member and Secretary)

(5) Sanitary Engineer (Additional Engineering Member)

Sanitary Commissioner

Deputy Sanitary Commissioner

Divisional Sanitary Officers

Public Health Laboratory

Sanitary Commissioner's Office

Vaccine Institute

Health Officers of Bangalore, Mysore and Kolar Gold Fields

District Sanitary Boards

(1) Deputy Commissioner (President and Revenue Member)

(2) Divisional Sanitary Officer (Sanitary Member and Secretary)

(3) District Engineer (Engineering Member)

(4) District Medical Officer (Medical Member)

(5) District Sanitary Officer (Additional Sanitary Member)

(6 and 7) Two Municipal or Local Fund Members (non-official Members)

District Sanitary Officer

Sanitary Inspectors

Village Heads

Conservancy Staff

Vaccinators

As regards the revision of the Vaccination Department which was proposed in the original scheme, Government did not at first pass any orders. Subsequently, on Col. Smyth's No. 313, dated the 16th October 1905, Government were pleased to sanction the system of working of the department without revising the establishment as recommended. It is now requested that the revision of the establishment proposed may also be sanctioned, as without it, it is not possible to work the system efficiently. The total additional cost of the new proposal for the organization of the sanitation and revision of the Vaccination Department will thus be now Rs. 35,772 and ultimately Rs. 56,292. The details are shown in the proposition statement. The probable cost of travelling and contingent charges will be Rs. 12,000 in addition.

The Officers and staff will be appointed gradually according to urgency and as suitable hands become available.

Serial No. 7.

Letter No. G. 829, dated Bangalore, 26—27th March 1907, from Major H. E. Drake-Brockman, I.M.S., Senior Surgeon and Sanitary Commissioner with the Government of His Highness the Maharaja of Mysore, Bangalore, to K. S. Chandrasekhara Aiyar, Esq., B.A., B.L., Secretary to the Government of His Highness the Maharaja of Mysore, General and Revenue Departments, Bangalore.

In continuation of my letter No. G. 673, dated 2nd February 1907, forwarding for consideration and sanction of Government a revised and detailed scheme for a Public Health Department for this State, and with reference to the Conference held in the Council Chamber on Saturday March 16th, I beg herewith to forward a list of certain items which were revised in consultation at the time with regard to the pay of certain officials, ultimately to be appointed in connection with this scheme, *viz.*—

Deputy Sanitary Commissioner's pay to be Rs. 500—50—750, increments biennially.

Divisional Health Officers (one for each section) Rs. 250—50—400, increments biennially.

Beyond the abovementioned amended items it was agreed that the entire scheme should stand.

The Health Officers for the Cities of Bangalore and Mysore and Kolar Gold Fields are items urgently required and considering the long felt necessity for the same I would urge very early orders being passed by Government as to their entertainment.

As regards the Divisional Health Officers it was suggested, and I think rightly, that a commencement should at once be made by the appointment of one such duly qualified to the western circle which includes the most unhealthy portions of the State, *e.g.*, Shimoga, etc.

The incidence of diseases such as cholera and small-pox recently in epidemic form call for early measures, and if early orders on the subject be kindly passed it will enable me to set about organizing details, as I may point out that it will be a matter which cannot be done in a hurry, as a careful selection of really competent and suitable officials will have to be made and there is a large mass of detail and administration which will have to be gone into very thoroughly by me in starting this scheme in order to ensure success, which I am confident of, as results will, I feel sure, speedily prove.

As regards the question of finance, I was requested at the Council meeting to suggest if possible any retrenchments in the Medical Department or transference of funds in order to meet the extra expediture to be incurred. I much regret, after carefully going into details, that I am unable to suggest any such from any available source at present, and moreover would not advise tampering with the budget heads of a department whose needs are so dependent upon influences outside our control, which may at any moment require large additions to its income in order to meet immediate developments, as the vagaries of disease and its incidence are dependent upon factors which cannot usually be foreseen, I regret to say, so that if budget grants are diminished it may mean many and urgent applications to Government for their refund at any moment, which is undesirable.

I may add that if my scheme is given a full and fair trial, I can guarantee results in a very short space of time and anticipate certain savings in the plague allotments. I also hope to carry on the vaccine institute upon lines which should give a handsome return to the Government, in this and in many little ways, I feel sure we shall get more than a return for our money in the long run.

In conclusion I beg to express a hope that early orders may be issued by Government on this most important matter, as it has been one which has remained shelved more or less for too long, and if postponed much longer may possibly recoil upon us in a very unpleasant manner.

Local Fund and Sanitary (Sanitary), dated August 1907.

The Health Scheme.

To—The Senior Surgeon and Sanitary Commissioner.
The Comptroller, Mysore Government.
The Chief Engineer in Mysore.
The Revenue Commissioner in Mysore.
The Deputy Commissioners of Districts and Presidents of the Municipal and District Boards.
The Presidents of the City Municipalities of Bangalore and Mysore.
The President, Sanitary Board, Kolar Gold Fields.

No. 1378-92—San. 93-06-8, dated 10th August 1907.

Serial No. 8.

ORDER.—In August 1903, Lieut.-Col. Smyth, the then Senior Surgeon and Sanitary Commissioner, submitted to Government a scheme prepared by Col. Benson for the formation of a Health Department in the State. The Government in their Order No. 9301-19—Ml. 67-03, dated the 8th April 1905, while regretting their inability, under existing conditions, to accord sanction to the scheme in its entirety, sanctioned as a useful instalment of sanitary improvement, a modified scheme for the training and employment of certified Sanitary Inspectors for improving the sanitation of Municipal towns and rural parts in the State. Under this scheme, there are at present 19 Sanitary Inspectors and 3 Assistant Sanitary Inspectors employed in several parts of the State, including the Bangalore and Mysore City Municipalities.

2. In September 1906, Lieut.-Col. Smyth represented that the scheme sanctioned as above could not be carried out in its entirety throughout the State, as the services of a sufficient number of qualified men could not at once be procured, and suggested that a beginning in the way of organizing a regular sanitary staff might be made in the case of a selected district or two, the Mysore District being taken up first. His proposals involved (i) the appointment of a qualified officer of the rank of Sub-Assistant or Assistant Surgeon as District Sanitary officer with a full complement of Sanitary Inspectors, one for each taluk, and (ii) the training of the existing Deputy Inspectors of Vaccination as Sanitary Inspectors. He also recommended the formation of Central and District Sanitary Boards as suggested by Col. Benson in his original scheme. Lieut.-Col. Smyth considered that if District Sanitary Officers of the rank suggested by him were appointed, a District Sanitary Officer with a Deputy Inspector of Vaccination might be able to attend to the work of two districts instead of one.

3. While this scheme was under the consideration of Government, Leut.-Col. Smyth went on leave and Major Drake Brockman, who succeeded him as Senior Surgeon and Sanitary Commissioner, considered that both Col. Benson's original scheme and the one submitted by Lieut. Col. Smyth required modification in certain important respects to suit present needs. The modifications finally suggested by him have been duly considered and Government are pleased to sanction the following proposals for the constitution of a Department of Public Health in the State:—

(1) The Senior Surgeon will continue to be *ex-officio* Sanitary Commissioner, and as such will be directly responsible to Government for the Administration of the entire department.

(2) As the Sanitary Commissioner has various other duties also attached to his office, he will be given a full-time Deputy, who will relieve him of all routine work and assist him in controlling and administering the department. The Deputy Sanitary Commissioner will also be Inspector of Vaccination. His pay will be fixed at Rs. 500 rising to Rs. 750 by biennial increments of Rs. 50.

(3) The State will be divided into three Sanitary Divisions and for each division a Divisional Sanitary Officer will be appointed on a pay of Rs. 250 rising to Rs. 400 by biennial increments of Rs. 50. One such officer will be immediately appointed to the Western Division which includes the most unhealthy portions of the State, such as Shimoga.

(4) For the eight districts, there will be eight District Sanitary Officers subordinate to the Divisional Sanitary Officers. They will be Medical Officers of the present Sub-Assistant Surgeon's grade who have undergone special training in Sanitation. Their pay will be Rs. 100 rising to Rs. 200 by biennial increments of Rs. 25. They will control the work of the Sanitary and Assistant Sanitary Inspectors and Vaccinators, systematically inspect towns and villages in respect of sanitation and the prevention of epidemics, and supervise the registration of vital statistics.

(5) Health Officers will be appointed for the Cities of Bangalore, Mysore and the Kolar Gold Fields Sanitary Circle on the same pay as the Divisional Sanitary Officers, *viz.*,

Rs. 250 rising to Rs. 400 by biennial increments of Rs. 50. They will be given a conveyance allowance of Rs. 50 per mensem in addition.

(6) The appointment of Sanitary Inspectors and Assistant Sanitary Inspectors shall be regulated by the Government Order of April 1905, but in order to secure the required number of men, the rule regarding their qualifications will for the present be slightly relaxed. Accordingly it is proposed that men who may be ignorant of Kanarese but possess all the other qualifications may be appointed, provided that they are prepared to pass an examination in Kanarese within one year of admission. Sanitary and Assistant Sanitary Inspectors will be directly subordinate to the District Sanitary Officers, but the local Revenue authorities, *viz.*, Municipal and Local Board Presidents and Vice-Presidents, may issue instructions to them in regard to ordinary routine work. In cases of urgency such as the outbreak of epidemics they shall abide by the orders of the Local Revenue authorities subject to approval of the same by the District Sanitary Officers.

(7) As men who are qualified for appointment as District Sanitary Officers as above are not available at present, the Deputy Inspectors of Vaccination will be given a training in Sanitation at Madras as early as possible and then appointed temporarily as "District Sanitary Assistants and Deputy Inspectors of Vaccination." They will be in charge of the duties of District Sanitary Officers, until their places become vacant by transfer, retirement, or death when they will be replaced by duly qualified District Sanitary Officers. During the period of training they shall get their present pay. After training when they are appointed as "District Sanitary Assistants," their pay will be fixed at Rs. 80 for those who are now in the second grade of Deputy Inspectors of Vaccination and Rs. 100 for those in the first grade. During the time, the Deputy Inspectors of Vaccination are under training, the present District Medical and Sanitary Officers will supervise the work of vaccination in their districts. The District Sanitary Assistants will be subordinate to the Divisional Sanitary Officers, but until these are appointed, they shall work under the present District Medical and Sanitary Officers. When District Sanitary Officers are appointed, the District Medical and Sanitary Officers will cease to be called Sanitary Officers; and the temporary class of "District Sanitary Assistants and Deputy Inspectors of Vaccination" will cease to exist.

(8) The work of vaccinators is not properly supervised now and the men selected as vaccinators are not of the right sort. It is proposed to get a better quality of work turned out by a much smaller number of men who will be mounted and will be much better paid. The Senior Surgeon's proposal to reduce the number of vaccinators from ninety-five getting Rs. 10, Rs. 12 and 15, to thirty-three getting Rs. 20, Rs. 30 and 40 according to grades, plus a horse allowance of Rs. 10, which involves a slight excess in the cost, is sanctioned.

(9) A Central Sanitary Board for the State and District Sanitary Boards for each district, will be constituted as follows:—

Central Sanitary Board—

1. Sanitary Commissioner (President).
2. Revenue Commissioner (Revenue Member).
3. Chief Engineer (Engineering Member).
4. Deputy Sanitary Commissioner (Additional Sanitary Member and Secretary).
5. Sanitary Engineer (Additional Engineering Member).

District Sanitary Board—

1. Deputy Commissioner (President and Revenue Member).
2. Divisional Sanitary Officer (Sanitary Member).
3. District Engineer (Engineering Member).
4. District Medical Officer (Medical Member).
5. District Sanitary Officer (Additional Sanitary Member and Secretary).
6. and 7. Two Municipal or Local Fund Board Members (Non-official Members).

It shall be the duty of the District Sanitary Board to advise Municipal and District Boards in regard to all schemes for sanitary improvement which may be under the consideration of such Boards. All schemes involving an expenditure of over Rs. 1,000 shall be submitted to the Central Sanitary Board. It shall be duty of the Central Sanitary Board to consider all such schemes and advise Government as to their desirability. As regards the delegation of additional duties and powers to the Central and District Sanitary Boards and the Funds to be administered by them, the Sanitary Commissioner will be requested to submit proposals after consultation with the Municipal and District Boards and the Central and District Sanitary Boards.

* NOTE.—Until a District Sanitary Officer is appointed, the District Medical Officer will be Secretary to the Board.

(10) The establishment of three clerks and two peons costing Rs. 84 sanctioned in Government Order No. 6828-9—Med. 51-05-11, dated 4th February 1907, for the Sanitary Branch of the Senior Surgeon's Office and ordered to be placed directly under the Personal Assistant to the Sanitary Commissioner, will be continued and shall work under the Deputy Sanitary Commissioner. The Government are unable to sanction the additional establishment costing from Rs. 399 (minimum) to Rs. 519 (maximum) asked for by the Senior Surgeon and Sanitary Commissioner for his office.

(11) The Senior Surgeon proposes that after the Health Department is organized there should be a Public Health Institute with a Laboratory attached to it. For work in the Laboratory a Laboratory Assistant on Rs. 80, rising to Rs. 120 by biennial increments of Rs. 10 and two attendants on Rs. 8 each are sanctioned.

4. The financial effect of the proposals as shown in the detailed and abstract statements marked A and B appended to this order, will be a total annual minimum and maximum cost of Rs. 55,740 and Rs. 79,620 respectively, as against Rs. 25,188, the present cost, resulting in an increase of Rs. 30,552 rising to Rs. 54,432. This estimate includes the pay and allowance of the three Health Officers for the Bangalore and Mysore Cities and the Kolar Gold Fields which have to be borne by the two Municipalities and the Kolar Gold Fields Sanitary Board, respectively, and thus the charge on the General Revenues will be a minimum of Rs. 41,940 and a maximum of Rs. 63,120. Having regard to the advantages to be derived from the appointment of specially trained officers as Health Officers of these important cities and the Kolar Gold Fields, Government have no doubt that the Municipal Councils and the Kolar Gold Fields Sanitary Board will readily agree to bear the cost of the Health Officers from their funds. The Presidents of the Bangalore and Mysore City Municipalities and the Kolar Gold Fields Sanitary Board are accordingly requested to place this subject before their respective Boards and submit their resolutions for the orders of Government.

5. The additional annual expenditure that would have to be incurred when the scheme is brought fully into operation would be Rs. 38,232, but Government are in hopes that considerable savings could be effected in the plague expenditure and some profits shown from the Vaccine Institute to set off against this additional expenditure. As regards plague charges, the later investigations by the bacteriologists in Bombay would point to the uselessness of maintaining large inspection staffs for plague inspection in the cities and also on the frontier and these may perhaps be dispensed with and the cost incurred on them saved.

6. The Senior Surgeon is requested to state how he would propose to group the districts with a view to form the three Sanitary Divisions to be placed under the Divisional Sanitary Officers.

C. S. BALASUNDARAM IYER,
Offg. Secy. to Govt., Gen. & Rev. Depts.

A.—Proposition statement of the Health Department for the Mysore State.

No.	Existing scale (as shown in the proposition statement received from the Senior Surgeon and Sanitary Commissioner)		Proposed scale as per Senior Surgeon and Sanitary Commissioner's statement					Sanctioned scale					Remarks
	Particulars	Cost per mensem	No.	Particulars	Minimum pay for the month	Maximum pay for the month	Allowance for the month	No.	Particulars	Minimum pay for the month	Maximum pay for the month	Allowance for the month	
		Rs.			Rs.	Rs.	Rs.			Rs.	Rs.	Rs.	
1	Sanitary Commissioner	*Nil*	1	Sanitary Commissioner (*Ex-officio*) ...	*Nil*	*Nil*	*Nil*	1	Sanitary Commissioner (*Ex-officio*) ...	...	...	..	
1	Personal Assistant ...	(300 + 100 + 30) =430	1	Deputy Sanitary Commissioner Rs. 500 - 50—800 + 300 ...	500	800	300	1	Deputy Sanitary Commissioner, Rs. 500—$\frac{50}{2}$—750	500	750	...	
2	Peons at Rs. 7 each (temporary) ...	14	...	Sanitary Commissioner's Office, Statistical Branch—					Office Establishment—				
	Senior Surgeon's Office Plague Branch (temporary)—		1	Manager, Rs. 75—5—100 ...	75	100	...	1	Clerk, Rs. 25 ...	25	25	...	Already sanctioned in Government Proceedings No, 6828 9 —Med. 51-05, dated the 4th February 1907,
1	Head clerk ...	50	1	Statistical Clerk, Rs. 50—4—70 ...	50	70	...	1	Clerk, Rs. 25 ...	25	25	...	
1	2nd ,, ...	30	1	Deputy Clerk, Rs. 35—2—45 ...	35	45	...	1	Clerk, Rs. 20 ...	20	20	...	
1	3rd ,, ...	20	1	Clerk, Rs. 20—2—30 ...	20	30	...	2	Peons at Rs. 7 each ...	14	14	...	
1	4th ,, ...	15	...	Correspondence Branch—									
2	Peons	15	1	Head Clerk, Rs. 40—4—60 ...	40	60	...						
			1	2nd Clerk, Rs. 25—2—35 ...	25	35	...						
			1	Record-keeper, Rs. 25 5—35 ...	25	35	...						
			1	Attender	10	10	...						
			1	Typist	20	25	...						
			1	Clerk	15	20	...						
			1	Despatcher	15	20	...						
				Menial establishment—									
			1	Dafadar	10	10	...						
			6	Peons, 3 at Rs. 8 and 3 at Rs. 7 each	45	45	...						
			2	Lascars	14	14	...						
				Total ...	939	519	...		Total ...	84	84	...	

A.– Proposition statement, etc.—*contd.*

No.	Existing scale		No.	Proposed scale				No.	Sanctioned scale				Remarks
	Particulars	Cost per mensem		Particulars	Minimum pay for the month	Maximum pay for the month	Allowance for the month		Particulars	Minimum pay for the month	Maximum pay for the month	Allowance for the month	
		Rs.		Laboratory Department—	Rs.	Rs.	Rs.		Laboratory Department—	Rs.	Rs.	Rs.	
			1	Laboratory Assistant	80	120	20	1	Laboratory Assistant ...	80	120	...	
			2	Attendants at Rs. 8 each ...	16	16	..	2	Attendants at Rs. 8 each ...	16	16	...	
				Total ...	96	136	20		Total Rs. ...	96	136	...	
				Executive—					Executive—				
			3	Divisional Officers Rs. 250—$\frac{50}{2}$—400+100	750	1,200	300	3	Divisional Sanitary Officers Rs. 250—$\frac{50}{2}$—400 ...	750	1,200	...	
			3	Clerks on Rs. 25 each	75	75	*Nil*	3	Clerks on Rs. 25 each ...	75	75	...	
			3	Clerks on Rs. 15 each	45	45	*Nil*	3	Clerks on Rs. 15 each ...	45	45	...	
			9	Peons on Rs. 7 each	63	63	*Nil*	9	Peons on Rs. 7 each ...	63	63	...	
				Total ...	933	1,383	300		Total ...	933	1,383	...	
			8	District Sanitary Officers Rs. 100—25—200+50	800	1,600	400	8	District Sanitary Officers, Rs. 100—$\frac{25}{2}$—200 ...	800	1,600	...	
			8	Clerks on Rs. 15 each	120	120	...	8	Clerks on Rs. 15 each ...	120	120	...	
			16	Peons on Rs. 7 each	112	112	..	16	Peons on Rs. 7 each ...	112	112	...	
				Total Rs. ...	1,032	1,832	400		Total Rs. ...	1,032	1,832	...	
			3	Health Officers for Bangalore, Mysore and Kolar Gold Fields	750	1,200	...	3	Health Officers, Bangalore, Mysore and Kolar Gold Fields, Rs. 250—$\frac{50}{2}$—400+50.	750	1,200	150	
				(Pay not proposed by the Senior Surgeon)— Sanitary Inspectors (sanctioned in Government Proceedings No. 9301-19—Mi. 67-03, dated 8th April 1905)—					Sanitary Inspectors ...	...	...	..	To remain as they are. At present there are 19 Sanitary and three Assistant Sanitary Inspectors employed in the Province under the Health Scheme.
				Vaccine Department—					Vaccine Department—				
	Vaccine Department— Deputy Inspectors—4 at Rs. 60 5 at Rs. 40	440	1	1st Class Vaccinator	40	40	10	1	1st Class Vaccinator ...	40	40	10	
								9	2nd Class Vaccinators at Rs. 30 each	270	270	90	

A.—Proposition statement, etc.—*concld.*

No.	Existing scale: Particulars	Existing scale: Cost per mensem	No.	Proposed scale: Particulars	Proposed scale: Minimum pay for the month	Proposed scale: Maximum pay for the month	Proposed scale: Allowance for the month	No.	Sanctioned scale: Particulars	Sanctioned scale: Minimum pay for the month	Sanctioned scale: Maximum pay for the month	Sanctioned scale: Allowance for the month	Remarks
		Rs.			Rs.	Rs.	Rs.			Rs.	Rs.	Rs.	
95	Vaccinators 8 at Rs. 15, 45 at Rs. 12, 42 at Rs. 10 ...	1,080	9	2nd Class Vaccinators at Rs. 30 each...	270	270	90	23	3rd Class Vaccinators at Rs. 20 each ...	460	460	230	Scheme sanctioned in Government Proceedings No. 9301-19—MI 67-03, dated 8th April 1905.
			23	3rd Class Vaccinators at Rs. 20 each...	460	460	230						
	Local allowance to Bowringpet Vaccinator ...	5											
				Total Rs. ...	770	770	330		Total Rs. ...	770	770	330	
	Total cost per month ...	2,099		Total monthly cost ...	4,480	6,640	1,350		Total cost per mensem ...	4,165	6,155	480	
	Total cost per annum ..	25,188		Total annual cost ...	53,760	79,680	16,200		Total cost per annum ...	49,980	73,860	5,760	

B.—Abstract Statement.

1	Personal Assistant to the Sanitary Commissioner ...	430	1	Deputy Sanitary Commissioner ...	500	800	300	1	Deputy Sanitary Commissioner	500	750	...	Sanctioned in Government Proceedings No. 6828-9—Med. 51-05, dated 4th February 1907.
	Establishment charges ...	144		Establishment charges ...	399	519	Nil		Establishment charges ...	84	84	..	
	Vaccine Institute—												
104	Deputy Inspectors of Vaccination and Vaccinators 9+95 ...	1,525		Laboratory Department ...	96	136	20		Laboratory Department ...	96	136	...	
			3	Divisional Officers ...	750	1,200	300	3	Divisional Sanitary Officers ...	750	1,200	...	
				Establishment charges ...	183	183	Nil		Establishment charges ...	183	183	...	
			8	District Sanitary Officers ...	800	1,600	400	8	District Sanitary Officers ...	800	1,600	...	
				Establishment charges ...	232	232	Nil		Establishment charges ...	232	232	...	
			3	Health Officers ...	750	1,200	Nil	3	Health Officers	750	1,200	150	
			33	Vaccinators ...	770	770	330	33	Vaccinators	770	770	330	
					4,480	6,640	1,350			4,165	6,155	480	
	Total for the month ...	2,099											
	Total for the year ...	25,188			53,760	79,680	16,200			49,980	73,860	5,760	

Local Fund and Sanitary (Sanitary), dated August 1907.

The Health Scheme.

Letter No. 6113, dated 26th December 1907, to the Senior Surgeon and Sanitary Commissioner. **Serial No. 9.**

I am directed to communicate to you the enclosed copy of certain remarks made by the Financial Secretary upon the scheme for the formation of the Public Health Department and to request you to favour Government with your views as to why the scheme should not be reconsidered and suitably modified in the light of the observations made by the Financial Secretary.

I am desired to request the favour of an early reply.

Letter No. 3203, dated Bangalore, the 28th February 1908, from Major H. E. Drake-Brockman, Sanitary Commissioner with the Government of His Highness the Maharaja of Mysore, Bangalore, to C. S. Balasundaram Iyer, Esq B.A., Secretary to the Government of His Highness the Maharaja of Mysore, General and Revenue Departments, Bangalore. **Serial No. 10**

With reference to your letter No. 6113, dated the 26th December 1907, I have the honor to remark that the objections referred to could only be advanced by one who is not acquainted with facts and argues from a very narrow standpoint. It is absurd to make the pay of Assistant Commissioners the standard of the Public Health Department, which is a special Technical Department. In the Public Works Department, the Geological, the Electrical and other Technical Departments, the pay of officers has not been regulated with reference to the Revenue Department and is, as a matter of fact, even more liberal than in the Public Health Department. I do not therefore see why men in the Public Health Department, with more technical and costly training, and entrusted with work more arduous and risky, should be thus arbitrarily grouped with Assistant Commissioners as regards their pay.

The rates of pay now fixed for the officers of the department are *exceedingly moderate* considering the market value of the men who, after graduating in medicine, go on to study further the special subjects necessary for a qualification in Sanitary Science and the expenses of the voyage and stay in England, which are not always defrayed by Government. In fact the pay is *inadequate* comparing it with the risks run, entire absence of *private practice* and the knocking about which the work entails. Instances are not wanting of men with the necessary qualifications having declined to accept the appointment here on account of the meagreness of the pay now offered them. In the case of Dr. Pani who has been taken on in the department, it must also be said that he would have had better pay, if he had continued in his appointment in Ceylon and the same remark may be made with reference to Dr. Krishna Rao, who was for some time officiating as Sanitary Commissioner in Travancore State.

There is yet another point to be borne in mind when assessing the pay of the officers of the Public Health Department, *viz.*, that, when once the services of capable men are secured, their pay should be attractive enough to keep them on in the department without their having to seek for better prospects elsewhere. This is an important point for consideration. The demand for men specially qualified in Sanitary Science is now so great elsewhere that the present men do not feel the pay now given to them adequate enough to make them adhere to the service permanently. I know this personally. The case is different in the Revenue Department, where the officers are not in demand elsewhere and the candidates seeking admission are so numerous as to necessitate or permit competitive examinations being held.

With reference to the comparison of the pay of the Public Health Department made with the pay of officers in the general Medical Service, it would be well to refer to the views of the Government of India regarding the salaries of officers of the Public Health Department. The following is an extract from their recent letter to the local Governments:—"This restriction (forbidding private practice) will necessitate the salaries of the Health Officers being fixed on a more liberal scale than would otherwise be required, but the advantage of securing the officers' whole time and undivided energies far outweighs the somewhat problematical economy that might be effected otherwise."

With regard to introducing fixed rates of pay as in the case of Assistant Surgeons and blending the two services into one, it is impossible for more reasons than one to agree with the Comptroller. The additional professional qualifications required of incumbents of the Public Health Department and the arduous and risky nature of their duties demand a more liberal scale of pay than in the Medical Department proper. Moreover, the qualifications required and the work in the two departments are so different that the blending of the two sets of officers would tend to make both services inefficient as the officers of the one department will have been so long out of touch with the work in the other that it would be undesirable, when a vacancy occurs, to entrust them with duties in the other.